

BOROUGH OF POOLE



ANNUAL REPORT

FOR 1938

ON THE

Health and Sanitary
Circumstances of the
Borough

BY

R. J. MAULE HORNE

M.A., M.B., CH.B., B.SC., D.P.H.

Medical Officer of Health

School Medical Officer

Port Medical Officer

etc.

Borough and County of Town of Poole



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ON THE

HEALTH AND SANITARY
CIRCUMSTANCES OF THE
BOROUGH & PORT OF POOLE

AND OF THE

SCHOOL MEDICAL SERVICE
OF THE BOROUGH

BY

R. J. MAULE HORNE

M.A. (HONS.), M.B. CH.B., B.SC., D.P.H.

Medical Officer of Health School Medical Officer
Port Medical Officer

Medical Superintendant, Borough Isolation Hospitals
Medical Officer for Maternity and Child Welfare
Director, Public Health Laboratories

PART I	-	-	-	PUBLIC HEALTH
PART II	-	-	-	PORT HEALTH
PART III				MATERNITY & CHILD WELFARE
PART IV	-			SCHOOL MEDICAL SERVICE

COMMITTEES, 1938.

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Vice-Chairman :

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Aldermen :

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J. A. ROGERS.

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Sir JAMES MARCHANT, K.B.E.

M. M. LLEWELLIN, J.P.

F. C. REEVES

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COUNCILLOR C. W. ALDRIDGE.

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H. J. MESSER

E. SMITH

Co-opted Members :

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LADY OMMANNEY

MRS. ROBERTS

MRS. P. RICHARDS

MRS. COTTON

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COUNCILLOR ~~J. BRIGHT~~ W.S. Stickland

Chairman :

ALDERMAN H. S. CARTER, J.P.

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COUNCILLOR H. J. COLE.

Aldermen :

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W. C. J. SHORTT

M. J. WHEATLEY.

Councillors :

H. W. CRABB

F. HELLINGS

A. J. H. PEARCE

F. C. REEVES

E. O. SPRACKLING

W. J. STICKLAND

Co-opted Members :

MISS BARKER

MISS BUDGE

MISS JEFFERYS

MRS. M. J. CARTER, B.A.

J. STANLEY LITTLE

H. W. HICKS

REV. P. D. LEAHY

E. LACK

STAFF :

Medical Officer of Health	...*	§R. J. MAULE HORNE, M.A. (Hons.) M.B., Ch.B., B.Sc., D.P.H.
Deputy Medical Officer of Health	*G. CHESNEY, M.D., Ch.B., B.A.O., D.P.H., Cert. T.M. & H.
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Superintendent Health Visitor and Supervisor of Midwives	...*	Miss M. M. KINGSBURY, S.R.N., S.C.M., A.R.S.I.
Health Visitors and School Nurses	...*	Miss A. L. HOOPER, S.C.M., A.R.S.I. *Miss L. B. LEVER, S.R.N., S.C.M., R.F.N. *Miss E. M. MANSELL, S.R.N., S.C.M., Cert. R.S.I. *Mrs. H. I. PARTRIDGE, S.C.M., Cert. R.S.I. *Miss I. SMURTHWAITE, S.R.N., S.C.M. *Miss B. A. SYDENHAM, Cert. Nurse.
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Chief Clerk	*F. B. EDWARDS.

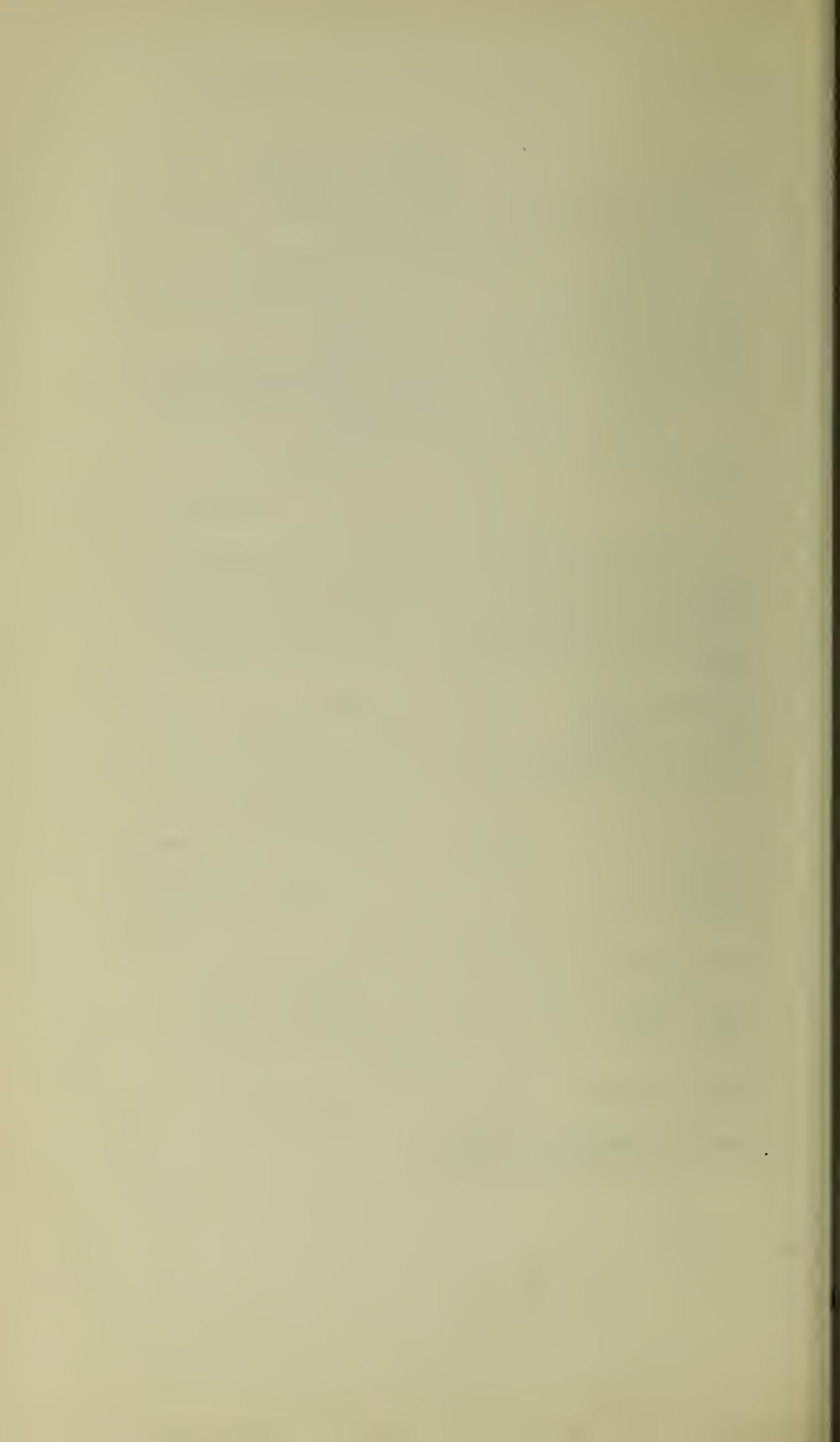
Clerks	MISS E. I. TAPPER. *MISS K. D. CODD. M. H. STOCKLEY. L. LEITH. *A. F. STUCKEY. MISS P. E. A. GILES.
Laboratory Assistant	...	...	...	*D. W. ROGERS, M.I.H.
Sanitary Inspectors' Assistants	...	...	...	J. BLUNDEN. V. B. JENKINS. W. E. C. WELLMAN. E. G. STEVENS. L. RANDALL.

CONSULTANT AND PART-TIME SPECIALISTS.

Obstetrical Consultant and Consultant under Puerperal Fever and Puerperal Pyrexia Regulations				S. GORDON LUKER, M.A., M.D., B.Ch. (Cantab.), M.R.C.P. (Lond.), F.R.C.S. (Ed.). F.C.O.G.
Ophthalmic Surgeon	...	...	...	T. R. AYNSLEY, M.B., D.O.M.S.,
Orthopaedic Surgeon	...	...	...	N. ROSS SMITH, M.B., Ch.M.
Nose and Throat Surgeons	...	...	...	C. R. SALKELD, B.A., B.M., B.Ch., F.R.C.S. (Edin.) A. MACKENZIE ROSS, M.B., Ch.B. (Edin.), D.L.O. (Lond.)
Radiologist	...	...	...	D. D. MALPAS, M.R.C.S., L.R.C.P.
Anaesthetist	...	...	...	J. C. A. NORMAN, M.R.C.S., L.R.C.P.
Dental Surgeons	...	...	...	L. B. MYERS, L.D.S., M.B.E. R. G. S. HOLMES, L.D.S.
Public Analysts	...	...	...	C. G. MOOR, M.A., F.I.C. R. PENDRILL CHARLES, M.D., F.I.C.
Veterinary Surgeon	...	...	...	J. S. WOOD, M.R.C.V.S.

NOTE: * Contributions to Salary by Exchequer.

§ Contribution to Salary by County Council



PREFACE.

In presenting my eighteenth annual report on the health of the Borough at a somewhat belated date, I refrain from seeking any special excuses for the delay, under conditions which are generally known and understood.

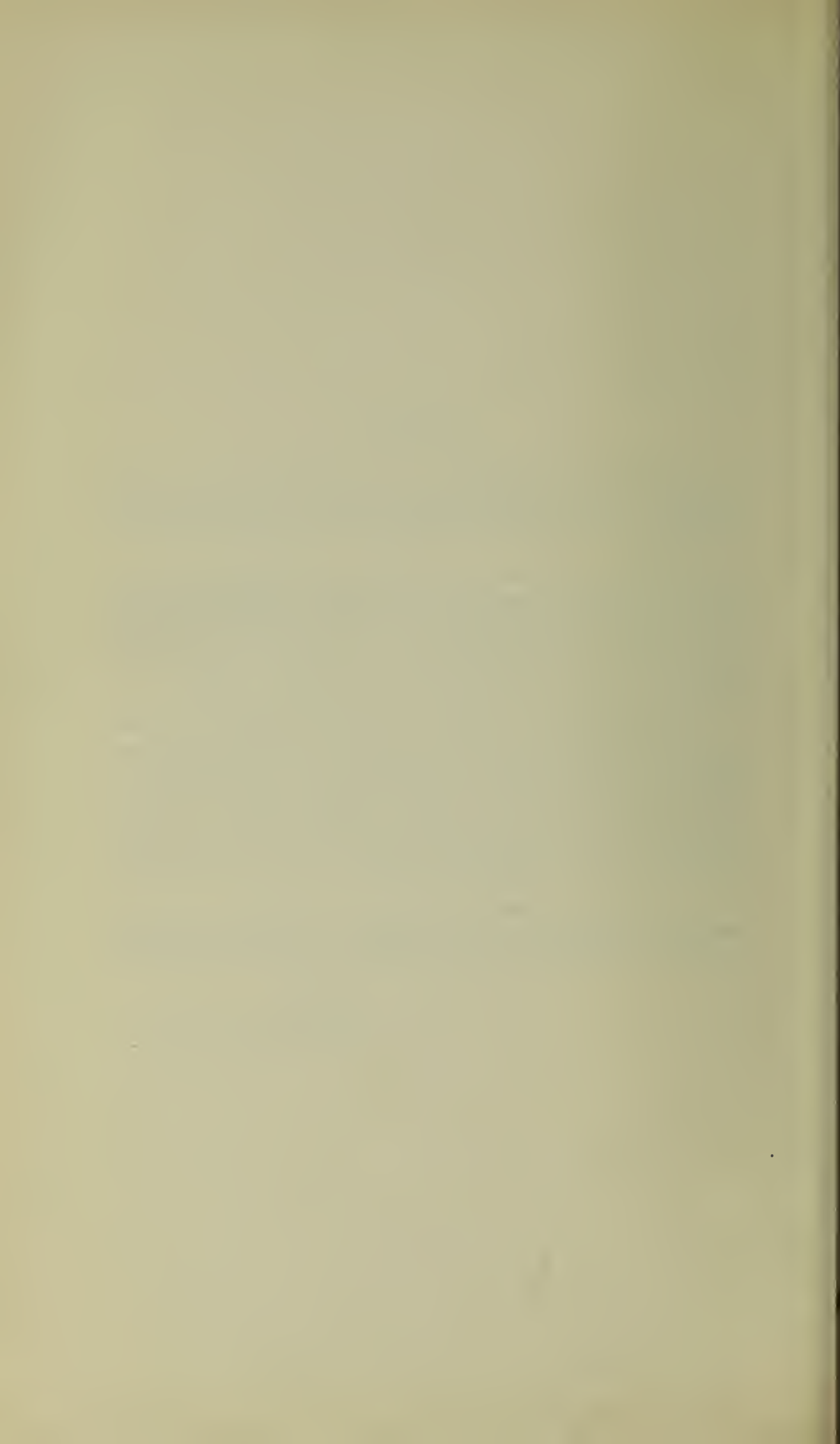
Apart from the additional obligations placed upon the Medical Officer of Health personally under Civil Defence regulations, the year 1938 was one of consolidation in the Public Health Services. The general standards summarised from year to year in these reports were maintained. It would therefore be mere repetition to refer here to matter which will be found incorporated in the pages following.

General endeavours towards a national life of higher and more generally understood modern canons of health and hygiene have now twice been rudely shaken in one generation. The repercussions of this present second upset will be closely watched, and will—when we are allowed reasonably normal conditions in which to focus our observations—make an interesting study in the light of, and by comparison with, the conditions in which the country found itself in the five years succeeding the last international holocaust.

I wish again to thank the Chairman and Members of the Committees, my colleagues in other Departments, and my entire staff, office, outdoor and hospital, for their continued co-operation and support.

R. J. MAULE HORNE,

Medical Officer of Health.



PART I.

PUBLIC HEALTH.

GENERAL STATISTICS.

(1) <i>Area of Borough.</i> 15,640 acres, not including 2,220 acres of tidal waters and foreshore.				
(2) <i>Population,</i>	(a) As at Census, 1931	...		57,211
	(b) As estimated by Registrar-General at 30th June, 1938	...		68,860
	(c) Estimated at 31/12/38	...		69,300
(3) <i>Total number of Inhabited Houses</i> from Rate Books.				
As at December, 1936	...	...	...	18,722
1937	...	...	...	19,412
1938	...	...	...	19,640
(4) <i>Rateable Value</i>	...	...	...	£586,386
<i>Sum represented by Penny Rate</i>	...	...	...	£2,320

PHYSICAL FEATURES.

The Borough of Poole occupies the extreme South-East corner of the County of Dorset, and is the largest Town in the County. The Town and the area within a radius of 10 miles contain nearly half of the total population of the County of approximately 240,000.

The plateau of Parkstone and Branksome behind the older parishes of Poole, Longfleet and Hamworthy, rises sharply at Constitution Hill and Newtown in the West, and continues East to Canford Cliffs, Branksome Park and the Eastern boundary of the Borough, which is also the County Boundary between Dorset and Hampshire.

To the Northward of the plateau, the ground slopes gradually to river level at the Stour. In this latter watershed, however, is found the highest portion of the Borough, viz., Broadstone and the Eastern end of the Corfe Hills.

As to geological formation, the parish of St. James is situated in alluvium; that of Hamworthy on valley gravel, Bagshot beds and plateau gravel. Sandbanks is of blown sand. In Parkstone and Branksome the geological stratum is mainly the Bagshot beds of sand, brick-earth, pipe-clay, and lignite, with many pockets of plateau gravel. The Reading beds, lying below the above-mentioned strata, separate them from the chalk, which, although it comes to the surface to North-west of the town, at Coombe Alner, does not outcrop within the Borough.

The extensive enclosed waters of the Harbour, sheltered themselves by the Purbeck Hills, exert a controlling influence on the temperature, rendering the surrounding areas cool in summer and tempering the cold in winter. Hence the Town escapes many of the damp sea mists to which the coast line is subject.

The dependability of its general climatic conditions is now being more fully recognised, and the Town is rapidly increasing in popularity as an all-the-year round Health Resort, especially by people who have spent many years in tropical or sub-tropical countries.

An abundance of pine woods serves to maintain and to enhance the value of an equable climate, and to give the district a high claim as a recuperative centre for those liable to Bronchitis and Asthma.

The quite exceptional rate of development which has been a marked feature of the last ten years also unfortunately brings with it the threat of diminution of the pine-clad areas. It should therefore be the desire and the practice of every owner of ground in the Borough—and the Corporation itself is a land-owner—to see that no tree be sacrificed where this can reasonably be avoided, knowing that the Town will be for ever the poorer. The Hills and the Harbour may be said to defy time ; but if Poole will maintain its pride, it must preserve its pines.

It is interesting to record that only about thirty years ago the first blades of rice grass (*Spartina Townsendii*), which now covers some square miles of the Harbour, were found there. As a natural shore-binder this grass is of considerable value, and is being elsewhere used as an assistant in reclaiming low-lying foreshore land. A cliff-binder also has been brought to the assistance of work against coast-erosion, in the form of the “kaffir-fig” or *Mesembryanthemum*, which grows rapidly, into a matted defence against the attrition of the wind.

The River Stour, mentioned above, for over five miles of its winding course eastwards, forms the northern boundary of the Town. In this course, it collects minor watercourses, chief of which is a tributary stream rising at Dunyeats Hill, flowing through the village of Canford Magna, and entering the Stour in the direction of Hampreston.

A small stream—the Bourne—rises in the “Bourne Valley” part of the Borough, and flows out to sea, through the ornamental gardens of Bournemouth. It is not polluted by sewerage, although in part of its course it is not far removed from dwelling-houses. It has been culverted in part, and where left open its banks and proximity have received full artistic consideration under the Town Planning Scheme.

Another stream runs down through the Branksome Chine, arising from a spring in the centre of Branksome Park. This has now been transformed throughout its course into a fascinating park belt.

METEOROLOGY.

The daily report of the Official Climatological Station appears in the Weather Reports of Health Resorts in the daily papers.

Sunshine in 1938—1,637 hours—exceeded that of 1937 by 51 hours. There was a total difference of 60 hours sunshine as between the east and west halves of the South Coast, Poole Bay representing the mean, with 30 hours more than Kent and 30 hours less than Cornwall.

Locally, August was the warmest and June the sunniest month, with a daily average of 7.5 hours' sun. December was the least sunny, and the average for the whole year was 4.48 hours per day.

The summer and winter range of temperature was under 15.6° , the average maximum being 59.8° , and the average minimum 44.6° . In the European Alps this range is about 19° , and at Nice 18° . The English South Coast, in spite of the alleged fickleness of our insular climate, would appear to be more consistent than these.

Rainfall in 1938 was about 4.6 inches below the annual average, November being the wettest month. As a rule, the Parkstone Slopes "break" the rain, giving a reduction of about 2 inches on the plateau, and this was the case in 1938. The month of April was devoid of rain.

SOCIAL CONDITIONS AND UNEMPLOYMENT.

The chief occupations and industries have been previously referred to (Annual Report, 1933, Part I, pp. 10-11), as also the double—periodic and seasonal—waves of employment.

For recent years the condition of the labour market has been as shown below.

Year.	Average of Unemployment	Unemployment as at December	Relief as at December
1921-1925	694	784	1249
1926-1930	645	939	1345
1931-1935	1543	1748	1655
1936	1114	1325	1669
1937	1113	1449	1482
1938	1155	1725	1245

The relief figures represent 374 men, 529 women and 342 children.

PUBLIC PARKS AND PLEASURE GROUNDS.

Apart from the extensive and picturesque sands and seafront, the Borough is well supplied with open spaces, which act as "lungs" for the use of the general public. These grounds cover 329 acres, of which 88 acres are set aside for organised games. There are now available 13 football, 5 hockey, 2 netball, and 7 cricket pitches,

as well as 6 grass and 8 hard tennis courts, 4 bowling greens, 2 putting greens, and 7 children's open-air gymnasia.

Further mass recreational developments will be matters for consideration under the National Physical Movement. The Government have recently reminded local authorities of the powers which they possess for aiding physical training and recreation as a municipal and national asset, and how it is proposed to encourage and support movements for their extension and much wider use. Quite appropriately it is considered that a national scheme operated direct by the State would not achieve its purpose if, as is probable, it failed, owing to its very uniformity, to attract the attendance of those for whom it was designed, and the proposed development is rather along the lines of active local public interest, to be fostered by expert advice and financial help.

The Government have accordingly decided that any local scheme should embrace the whole field of physical culture, and should therefore include arrangements for increasing the supply not only of gymnasia but also of playing fields, swimming baths, and other means of healthy physical recreation, not for the few but for the many.

A Regional Committee for the counties of Hants, Dorset, and Wilts has been formed.

VITAL STATISTICS.

Quinquennial figures under several headings from 1885 onwards are given in Table A.

For the last five-yearly period details are enumerated for comparison below :—

Year	Infantile Mortality per 1,000 births.	Per 1,000 of Population.				
		Birth Rate.	Marriage Rate.	Crude Death Rate.	Cancer Death Rate.	Pulmonary Tuberculosis Death Rate.
1933	46.4	15.3	16.1	11.71	1.50	0.61
1934	44.1	14.9	16.2	11.48	1.96	0.50
1935	44.0	15.5	16.8	11.70	1.84	0.79
1936	51.2	14.9	16.9	12.10	1.89	0.55
1937	45.6	14.9	16.9	12.10	1.63	0.39
Average	46.3	15.1	16.5	11.82	1.76	0.57
1938						
Poole ...	50.0	14.9	16.9	11.49	1.77	0.46
England & Wales ...	53.0	15.1		11.6		

For 1938, in detail, particulars are set out below :—

		<i>Total</i>	<i>Male</i>	<i>Female</i>	
<i>Live Births</i>	Legitimate	984	520	464	Birth Rate : 14.9
	Illegitimate	42	24	18	
<i>Still Births</i>	Legitimate	36	17	19	Rate per 1,000 total
	Illegitimate	3	1	2	births : 36.6
<i>Deaths ...</i>	...	791	401	390	Death Rate : Gen- eral : 11.49 ; Cor- rected, 10.20

Percentage of Deaths occurring in Public

<i>Institutions</i>	...	...	...	23.4 per cent.
<i>Maternal Deaths :</i>	(a) from sepsis	...		1
	(b) from other causes			3

Infantile Deaths, or deaths under 1 year, per 1,000 live births :

(a) Legitimate : 48 Rate : 49.3 Combined Rate 50.0

(b) Illegitimate : 3 Rate : 71.4

Neo-Natal Deaths, or deaths under 4 weeks : 32
Rate : 31.1

Deaths from Measles (all ages) ... 0

Deaths from Whooping Cough (all ages) 1

Deaths from Diarrhoea (under 2 years) 5

The following statistics are based on the Registrar-General's estimate of the population at mid-year, 1938, of 68,860 inhabitants.

The Birth Rate was 14.9 per 1,000 of the population. In 1937 it was also 14.9. For England and Wales the figure is 15.1.

The Infantile Death Rate. This is discussed in detail in the Section dealing with Maternity and Child Welfare. The rate of deaths per 1,000 live births is for 1938, ~~47.8~~ 50.0, the previous best being 43.2 in 1931. For England and Wales in 1938, the infant death rate was, in the Great Towns, including Poole, 57 ; in the smaller towns, 51, and for the whole country, 53.

Stillbirths totalled 39, 3 being illegitimate. This represents 36.6 stillbirths per 1,000 total births, and .57 per 1,000 of population the figure for the whole country being .60.

The Marriage Rate. For 1938 this was 16.9 per 1,000 of the population.

The Death Rate. The general death rate for the year was 11.49. For the whole country the death rate was 11.6, which is .8 above the rate of 1937.

Of the total 791 deaths, 66.5 per cent. were over 65 years of age, and 37.3 per cent. over 75 years.

Until 1892, the highest age group required for official returns was "60 years and over." In that year, 65 years became the base of the last group, and the percentage of total deaths in that group in Poole was 20.7.

Continuing the local comparison for pre-war and post-war years, the figures are instructive :—

PRE-WAR		POST-WAR		
Period.	Proportion of deaths over 65 yrs.	Period	Proportion of deaths over 65 yrs.	Proportion of deaths over 75 yrs.
1894—98	25.2	1921—25	44.9	—
1899—1903	32.1	1926—30	49.6	26.6
1904—08	33.1	1931—35	52.6	30.1
1909—13	34.0	1936	55.6	30.1
		1937	59.1	36.4
		1938	66.5	37.3

Briefly, 30 years ago one-third of the population of Poole lived to be 65, now over one-third live to be 75.

The Cancer Death Rate. The total deaths from malignant disease in 1938 were 122, which gives a death rate of 1.77 per 1,000 inhabitants. In 1937, the figure was 1.63.

Deaths from Pulmonary Tuberculosis numbered 32. The resulting rate is .46 per 1,000 of the population.

WATER SUPPLIES.

The main water supply for the district is provided by the Corporation Waterworks at Corfe Mullen, about 6 miles N.W. of the Town. A section of the population, numbering about 6,000, at the East end of the Borough is supplied from the reservoirs of the Bournemouth Gas and Water Company.

Prior to the year 1910, the Town obtained its supplies from reservoirs in the Waterloo, Lilliput, Alderney and Springfield districts of the Borough. In 1906 the Corporation decided to purchase these works, which were the property of the Poole Waterworks Company. Power was acquired to execute further works, and the Corfe Mullen scheme of supply was inaugurated.

In 1908 the well at Corfe Mullen and the service reservoir at Forest Hill were completed, and the reservoirs at Lytchett and Constitution Hill nearing completion, and by May, 1910, the old supply was entirely replaced by the purer water from the Corfe Hills. After two years' use, the following report from the analysts showed the water to be maintaining a high standard :—

“PUBLIC HEALTH LABORATORIES.

LONDON HOSPITAL MEDICAL COLLEGE.

Report on the Analysis of the water from the Corfe Mullen Pumping Station of the Poole Corporation Waterworks.
Taken July 2nd, 1912.

This is a chalk water of exceedingly good quality. It is not so hard as the average chalk water and it does not contain an excess of saline matter.

It is of great organic purity, and the analysis indicates freedom from any pollution.

It is an excellent water for the purposes of a public supply.

(signed) JOHN C. THRESH
JOHN F. BEALE."

The well is about 170 feet deep, and is naturally protected from immediate surface contamination by a bed of impervious stratum which covers the chalk in the vicinity of the well. The chalk, however, outcrops a few hundred yards away. Generally the well water is clear, sparkling and palatable, but from the proximity of the outcrop there is a tendency to occasional contamination after heavy rainfalls. In 1915, on the suggestion of the Medical Officer, absolute freedom from objectionable micro-organisms was assured by a calculated addition of hypochlorite. In 1919 a mechanical chlorinating plant was installed, and a scheme of improvement and extension undertaken at a cost of £82,000. This scheme includes additions to the pumping plant at Corfe Mullen, the construction of a covered reservoir of 5,000,000 gallons capacity at Corfe Hills, and a duplicate 16-inch trunk main for the purpose of maintaining an adequate supply of water to meet the needs of the rapidly growing population of the Borough, of Broadstone, and of other adjacent outlying districts within the limits of supply.

A triple expansion engine has been installed, capable of delivering 60,000 gallons of water per hour. The water is pumped from two bore-holes sunk into the existing headings in the chalk formation, and delivered by means of two single-acting bucket pumps driven from an extension of the engine crankshaft through the medium of a quadrant into a tank below the engine-house floor. The force-pumps feed from this tank, and deliver the water through a 16-inch main into the reservoirs at Forest Hill and Corfe Hills. From these two reservoirs, the water gravitates to all parts of the Poole area of supply.

The water is examined periodically in the Borough Public Health Laboratories, and maintains an excellent and consistent standard of bacterial purity. The only defect is that, like all other chalk waters, it is rather hard. The sixteen grains of "temporary hardness" which is found in each gallon means that, when a household uses 1,000 gallons of water, sixteen pounds of soap—at as current cost of about 8/- are used up in the involuntary process of softening the water in order to make the further soap used have its ordinary cleansing power. This is a serious question for the householder, and must give food for thought.

While some everyday conceptions as to the benefits and dangers of hard or soft water may be scientifically refuted, it still remains undesirable to provide either an extremely hard or a very soft water. From these considerations, it is hoped that the question of softening the supply may be reviewed. The water provided through the Bournemouth Water Company's mains to a portion of the Branksome district has been submitted to a softening process.

During 1938, 3 miles of new distributing mains were laid, compared with $4\frac{1}{4}$ miles in 1937.

The consumption of water supplied by the Borough scheme, and not including that provided by the Bournemouth Gas and Water Company on the east and north fringes of the town, was 742,716,066 gallons, an increase of 56 million gallons on the previous year.

Special Unpipcd Areas. Of the four areas scheduled in the Report for 1937, Arrowsmith Road (33 dwelling houses), Moortown (9 houses and one dairy farm) and West Howe (8 houses) were provided for by loan sanction from the Ministry of Health. The last mentioned were connected up in 1938, and the former two were under way.

With regard to the Knighton area (12 houses and 1 dairy farm), all the properties are in one ownership, and, with the exception of 5 cottages, are supplied by a pipe-line from the Canford Reservoir. Negotiations are still in progress to have these five cottages provided with a piped supply.

It is proposed to instal a filtration and softening plant during 1939 at the Corfe Mullen Pumping Station.

A chemical analysis of the water from the two main supplies made at the end of the year, shows :—

Chemical Results in parts per 100,000.

COMPANY SUPPLY.

Appearance	...	Clear and Bright.
Colour	...	Normal.
Reaction pH	...	Neutral 7.4
Electric Conductivity at 20°C.	...	Free Carbonic Acid.—350
Total Solids, dried at 180°C.	...	23.5
Chlorine in Chlorides	...	2.1
Alkalinity as Cal. Carbonate	...	12.0
Hardness : Permanent	...	10.0
Temporary	...	5.0
Total	...	15.0
Nitrogen in Nitrates	...	.06 Nitrate Minute Trace
Free Ammonia	...	.0008 Ammoniacal
Albuminoid Ammonia	...	.0024 Albuminoid Nitrogen —
Oxygen absorbed in 4 hrs. at 80°F.	...	...
Metals	...	...

Bacteriological Results.

No. of Bacteria growing	0
On Agar per c.c. in 1 day 37°C.	0
On Agar per c.c. in 2 days 37°C.	2
On Agar per c.c. in 3 days at 20°C.	2
The Bacillus Coli	...
Bacillus Welchii	...
(B. Enteritidis Sporogones)	...

This sample is clear and bright, of normal colour and neutral in reaction, and free from iron and other metals. The water is of moderate hardness, contains no excess of salinity or mineral matter in solution, is of satisfactory quality, and a high degree of bacterial purity.

It is therefore considered pure and wholesome in character and suitable for drinking and domestic purposes.

(Signed) E. V. SÜCKLING,

for DRS. BEALE AND SÜCKLING.

CORPORATION SUPPLY.

Free Ammonia	...	.0080
Albuminoid Ammonia	...	.0030
Oxygen absorbed at 37°C. in 15 minutes	...	.0032
Oxygen absorbed at 37°C. in 4 hours	...	.0625
Nitrites or Free Chlorine	...	Trace
Nitric Nitrogen in Nitrates	...	0.25
Hardness : Temporary	...	20.0
Permanent	...	5.0
Total	...	25.0
Chlorine	...	2.3
Total Solids, dried at 180°C.	...	28.4
Free Chlorine	...	Trace
Free Carbonic Acid	...	nil.
Metals (Lead, Copper, Zinc, Iron)	...	Trace of Iron
pH reaction	...	7.4
Appearance	...	Colourless and clear
Odour	...	none

Bacteriological Results.

No. of Organisms developing	3
On Agar in 24 hours at 37°C.	3
On Agar in 3 days at 22°C.	5
The Bacillus Coli	...
Streptococci	...
B. Enteritidis Sporogones	...
This is a clear bright water, neutral in reaction, and free from any deposit on standing. It is hard in character, but is much softened on boiling.	...

The foregoing results are satisfactory, and in my opinion, chemically and bacteriologically, the water may be safely used for drinking and domestic purposes.

(Signed) R. PENDRILL CHARLES.

CESSPOOLS AND SEWERAGE.

Thirty-one years ago, in 1906, there were 825 cesspools on the Corporation books. By 1914, these had been reduced to 200. The rapid development of the town in post-war years—especially in unsewered areas—is reflected in the numbers of cesspools dealt with in the subsequent years, viz. :—

1920	...	...	302	1930	...	...	662
1921	...	...	312	1931	...	...	624
1922	...	...	379	1932	...	...	455
1923	...	...	411	1933	...	...	491
1924	...	...	434	1934	...	...	595
1925	...	...	419	1935	...	...	736
1926	...	...	490	1936	...	...	833
1927	...	...	610	1937	...	...	826
1928	...	...	781	1938	...	...	600
1929	...	...	699				

It will be seen from the above that the position to-day is as it was eleven years ago, in spite of several extensive schemes. The figure stands at 600 at the end of the year, although 380 cesspools had been connected up in the course of 1938, and a further 27 remained unconnected where the sewer is available. Cesspools in urban areas are an undesirable anachronism, yet in spite of the most recent Public Health Acts—to which progressive local authorities were looking forward for the inclusion of compulsory power to ensure connection to the main sewer when provided—Parliament has been content to leave the local authority impotent. If a cesspool—a relic of the development of town life a hundred years ago—can be made fit for its purpose by any reasonable repairs or attention, the local authority cannot properly require the owner to connect up except by charging the rates with the cost.

With regard to sewerage schemes referred to in the Annual Report for 1937, the position at the end of 1938 was as follows :—

Creekmoor. A tender has been accepted for this scheme which is to be commenced forthwith and will be completed during 1939. At the same time sewerage of the Private Streets which are dependent on this scheme will be proceeded with under the Private Street Works Act as quickly as possible.

Bear Wood. This scheme dealing with Bear Wood, Merley, and Canford Magna is still held in abeyance ; at the same time it is included for execution in the Five Year Programme of Work to be submitted for approval to the Ministry of Health. In the meantime, negotiations are still being carried on with reference to tentative proposals for dealing with Canford Magna and Merley.

Waterloo. This scheme is dependent on the enlargement of Broadstone Sewage Disposal Works and is included in the Five

Year Programme of work. It is hoped to make substantial progress with the complete scheme during the coming year 1939/40.

Foxholes. No advance has been made with this scheme and the position remains the same as last year.

Wallisdown. This scheme is now completed and the majority of the houses as well as the Isolation Hospital at Alderney are connected to the sewers.

Hamworthy. This scheme is also completed and the existing houses connected to the sewers.

Blandford Road. This scheme is dependent on the enlargement of the Hamworthy Sewage Disposal Works and is included in the Five Year Programme. It is hoped to make substantial progress with the scheme during the coming year 1939/40.

Joint Sewerage Scheme. A scheme for the elimination of sewage in the Bay is being considered by the Council jointly with the neighbouring Boroughs of Bournemouth and Christchurch and it is hoped that definite proposals will be arrived at in the not-too-distant future.

CLEANSING AND SCAVENGING.

The main services are carried out by the Borough Surveyor's Department, acting under the direction of the Public Health Committee.

I am indebted to the Borough Surveyor for the following summarised figures applicable to the year ending 31st March, 1938.

HOUSE REFUSE.

	Collection.			Disposal.		
	1936-7			1937-8		
	£	s.	d.	£	s.	d.
Net Cost ...	9897	0	0	9941	0	0
Net Cost per ton ...		9	11 $\frac{3}{4}$		9	7
Net Cost per 1,000 Population ...	148	2	3	146	0	0
Net Cost per 1,000 Houses	494	11	0 $\frac{3}{4}$	459	0	0
Cwts. per 1,000 population per day ...		16.25			16.72	

STREET CLEANING AND GULLEY CLEANSING.

	1936-7	1937-8
Total mileage of roads cleansed ...	116.06	118.62
Net Cost per 10,000 yards cleansed ...	6/3 $\frac{1}{2}$	6/0 $\frac{1}{2}$
Net Cost per 1,000 population ...	£98/13/4	£94/0/0
Total number of gullies cleansed (number of gullies × number of times cleansed)	22,914	23,750
Net Cost per 1,000 gullies cleansed ...	£26/10/8	£30/0/0
Net Cost per 1,000 population ...	£9/2/0	£10/0/0

The collection of trade refuse is governed by the following charges :—

FISHMONGERS AND BUTCHERS.

- (a) Ordinary Collection charge 15/- per annum.

OTHER TRADES.

- (b) Ordinary Collection charge 7/6 „
 (c) $\frac{1}{4}$ cart load per week „ £2 10s. „
 (d) $\frac{1}{2}$ „ „ „ £5 „
 (e) 1 „ „ „ £10 „

Limewashing is of valuable assistance in maintaining the cleanliness of courts, enclosed backyards and alleys. It is not only of value in itself, but has a stimulating effect on the surrounding householders, who respond extremely well. The result is that the general condition of these places is distinctly complimentary to the people and to the Town. The work is carried out by the Public Health Department twice yearly.

Opportunity is also taken during the school vacations to disinfect all the Elementary Schools of the Borough.

POPULATION AND HOUSING.

In the table below, the rateable value of £22 is taken as representing a rental of 13/- weekly, which with rates of 4/6 means a maximum inclusive rental of about 17/6. This may be accepted as the rent which a working-class family might be expected to pay for a modern house, under present conditions, if no assistance from the Exchequer or from local rates were available.

Housing Table as at December, 1938.

	Over £22 R.V.		Under £22 R.V.		Total		Popul- ation.	Persons per occupied House.
	Occ'd	Void	Occupied	Void.	Occupied	Void.		
1932	4091	214	10928	225	15019	439	59000	3.93
1933	4134	193	12091	249	16225	442	64000	3.94
1934	4413	203	12516	155	16929	358	65000	3.84
1935	4692	283	13312	232	18004	515	66000	3.67
1936	4744	250	13978	213	18722	463	67000	3.58
1937	4943	273	14469	262	19412	535	68000	3.50
1938	4908	398	14732	311	19640	709	69000	3.51

These figures, provided by the Rating Department, show that since the last Report there was an addition on the books of that department of 90 houses at a rateable value over £22, with an increase of 312 houses under that figure.

There were 709 empty houses — an increase of 174 — and an annually growing figure—and a further 329 private houses under construction at the end of the year, while the number of new houses built in each of the last five years has been

1934	...	...	919
1935	...	...	889
1936	...	...	734
1937	...	...	766
1938	...	...	751

The “natural increase” of the community in Poole—that is, the excess of births over deaths—is only 210 yearly, so that the continued demand for new houses appears to indicate a considerable annual inflow of new population.

The increase in “empties”—125 in the case of higher rented houses, and of 51 in the artisan type—together with an addition of 751 completed houses, and a further 329 houses and flats under construction by the end of the year, indicates a trend in housing which may require a purposeful investigation. The number of empty larger houses has doubled in 5 years—from 203 to 398. So also have the smaller empty houses—from 155 to 311. Yet the aggregation of new houses, mostly of the smaller type, goes on at an average of 750 each year. This loading of the Rate Books with houses of an uneconomical rate return value is a matter which may bring a financially unhealthy factor into the Town's exchequer.

Overcrowding. Under the terms of the Housing Act, 1935, a survey of housing for the purpose of ascertaining the degree of

overcrowding in the Borough was concluded in April, 1936. In this enumeration and survey, 14,639 dwellings were inspected, and 137 crowded dwellings were ascertained. Twenty-three instances of overcrowding were found capable of rectification by internal adjustment, leaving 114 statutorily overcrowded.

Re-housing.—Under the Housing Act of 1930, a five-year scheme of re-housing covered

- (a) 3 Clearance Areas, comprising 66 houses ;
- (b) 1 Improvement Area, covering 235 houses, of which 163 were for demolition ;
- (c) 57 individual unfit houses.

The occupiers of the three Clearance Areas and of the 57 individual houses were re-housed in 1935.

Proposals for dealing with the Improvement Area were submitted to the Ministry in June, 1934, but in view of the re-modelled legislation of the Act of 1935, these were revised with a view to submission as a Re-development Area.

The Ministry had confirmed, in October, 1936, 5 small Clearance Orders and 3 Compulsory Purchase Orders made by the Council in May, 1936.

The 5 Clearance Orders covered 14 houses, and the 3 Compulsory Purchase Orders included 36 houses. These small areas form the "fringe" of the original Improvement Area of which 109 houses still remain to be dealt with. In the final scheme now under preparation, a further 623 houses have been scheduled, giving a total of 732 houses, with a population of 2,521 persons to be rehoused. It has not, however, been found practical to make any further advance in actual clearing during 1938.

HOUSES LET-IN-LODGINGS.

Houses Let-in-Lodgings. Prior to the current high rate of room rentals, which has rendered the Byelaws with respect to these houses inoperative, there were 8 on the Register. 48 visits were paid.

Common Lodging Houses number 3, two in St. James area and one at Branksome. These can accommodate 76 men and are situate

24 West Street, Poole	...	35 beds
3 Strand Street, Poole	...	25 beds
23 Alcester Road, Parkstone		16 beds

They were visited 92 times.

SHOPS ACT, 1934.

This act came into force on 30th December, 1934. As in this Borough the Shops Authority and Sanitary Authority are the

same body, it has been agreed that all the supervisory duties relating to the health and comfort of shop workers enumerated in Section 10 of the Act shall be carried out by the Public Health Department.

These include the provision and maintenance by the occupier of suitable and sufficient ventilation, heating, sanitary conveniences and lighting, and facilities for washing and meals.

Pressure of other responsibilities amongst the existing Sanitary Inspector Staff has militated against the carrying out of the systematic survey, record, and subsequent continuing inspection duties necessary, but where instances calling for improvement have been met, they have been dealt with.

PUBLIC BATH, BATHING AND SWIMMING FACILITIES.

Sea Water. The exceptional facilities for natural sea-bathing provided at Sandbanks are enhanced by one of the finest Bathing Pavilions in the country.

The Seldown sea water swimming enclosure adjacent to the Poole Park affords another useful public recreational centre, and is a valuable addition to the attractive open-air undertakings of the Town.

There is also a free open-air tidal swimming enclosure on the foreshore of the Harbour at Baiter, of which full advantage is taken in the summer months.

There is one privately-owned Swimming Pool open to the public, at the Blue Lagoon, Sandbanks Road. The sea-water used in this pool is filtered and chlorinated, and is maintained at a high standard of purity.

Fresh Water Baths. These are situated in rather limited space, close to the Guildhall, and consist of five cubicles, with lavatory accommodation. Special facilities are provided for Elementary School Children, on two days weekly, at a nominal charge of one penny.

In 1924, a total of 5,387 adults and 1,680 children used these Slipper Baths. In 1937, these dropped to 2,913 and 481 respectively, and in 1938 still further to 3,032 and 344. This decreasing use may be influenced by the number of houses with bath accommodation which have been built during the same period.

RAT CONTROL.

Poole being a Port, both the rarer Black Rat and the commoner open-air Brown Rat are liable to be found in the Borough. The obligation to deal effectively with rats falls, under the Rats and Mice (Destruction) Order, 1919, upon the owner or occupier of premises infested with them. To assist in the clearing of premises harbouring these rodents, a charge of 3/6 is made. It is the custom to revisit the premises and grounds the day after baits are laid, to

collect unused baits, and every precaution is taken to prevent domestic animals from gaining access to the material used. A leaflet of advice and warning is also delivered at each place dealt with.

Baiting, trapping, smoking-out, carbon-monoxide gassing, have been used as considered most appropriate. 144 visits were paid to Corporation places, and 322 to private properties, and 190 rats were obtained dead or trapped, and it is known that others must have succumbed to gas.

Any figures dealing with rat control are bound to be hypothetical, as the actual dead rats openly discovered are not accurate indication of the number that have fallen victim.

The Ministry's Rat Week posters were exhibited throughout the Borough, large posters on hoardings, and smaller posters displayed in selected shop-premises. The Ministry's bulletin and pamphlets are kept on free distribution all the year round.

MOSQUITOES, WASPS, ETC.

The system of spraying the fresh water lakes, ponds and watercourses with paraffin for the destruction of mosquitoes and their larvae was continued.

Between April and September, the hottest period of the year, periodical visits were made to infested places requiring attention.

822 gallons of paraffin (with 2% castor oil) were used, in 78 visits.

This is an effective and economical procedure. Some proprietary emulsions tried out have proved likely to be too expensive for extended use.

SMOKE ABATEMENT.

In a Borough such as Poole, with its possibilities as a recuperative resort, each householder should recognise that his own personal effort in the matter is essential to progress. Excess of smoke distributed in the air of a town means liability to fog. Fog is commonly due to the particles of soot and other suspended matter collecting a coat of moisture and settling in a dense mass, irritable to a healthy chest, and seriously undermining the weak.

During the year 278 observations were made. 36 breaches were noted. A caution was required against 5 users, and in others improvement was effected by advice and co-operation.

DISEASES OF ANIMALS.

"Infected area" precautions on account of foot-and-mouth disease were in force on 5 occasions during the year ; during this period 541 licences were issued.

The total number of pig-keepers is 147. To these, 299 visits have been paid by way of precautionary measures. Six suspected

cases of swine fever were investigated and reported to the Ministry of Agriculture, but only one was confirmed.

FOOD.

In addition to the ordinary inspection of foodstuffs and meat certain important Regulations lay down lines of action which the Inspectors of the Department follow in safeguarding the public in the matter of the maintenance of Dairies, Cowsheds and Milk, shops, the Sale of Milk and Cream, the Sale of Food and Drugs, the control of Slaughterhouses, etc.

60 formal samples of Milk were taken for analysis. Seven of these were found to be adulterated.

202 other varied samples were reported as genuine, and one of pork sausages as adulterated.

There are no underground Bakehouses in the Borough.

All butchers' shops comply with the Regulations requiring provision of suitable window - shutter facilities.

Table G enumerates the samples taken by the Inspectors under these Acts, and subjected to analysis as to genuineness or presence of preservative.

The report of the Borough Analyst on his work for the year is appended.

During the year ending the 31st December, 1938, 263 samples were submitted under the Sale of Food and Drugs (Adulteration) Act, 1928.

Of the samples, 214 were formal samples, and 49 were informal samples. Eight of the formal samples were adulterated, representing a percentage adulteration of 3.04. This is an increase on the figure for last year but is still below the average for the whole of the country.

Of the samples of Milk submitted, sixty were formal samples and fourteen informal. Seven of the formal samples were adulterated, being deficient in fat to the extent of 6, 6, 3, 3, 3, 2 and 2 per cent. respectively, which represents a percentage adulteration of the samples of milk of 9.45.

The average analysis of the 67 genuine Milk samples was Fat 3.45 per cent. and Non-fatty Solids 8.82 per cent., which is very satisfactory.

One formal sample of Sausage was adulterated, containing a small proportion of preservative which had not been declared. The other samples of Sausage examined in which the preservative had been declared, all contained preservative below the legal limit.

Sixteen samples of Butter were examined during the year; they were all genuine and of good quality. They did not contain any margarine, and in each case the amount of moisture was below the permitted amount.

Seventeen samples of Tea were examined; they were all genuine and of good quality, and free from the addition of exhausted and foreign leaves. They all yielded a good percentage of extract. There is a wide variation in the extract of genuine teas varying from about 35 to 50 per cent. of extract. Usually China Teas give an extract number between 38 and 43, and Indian Teas between 43 and 46.

The fourteen samples of Lard were all genuine and of good quality, they were free from water or the addition of foreign fats.

A number of Tinned Foods were examined, they were all genuine and of good quality, and were free from metallic or other contamination.

Four samples of Ice Cream were examined; three were genuine and of good quality, and one was not quite up to the usual standards. The Ice Cream Association are attempting to obtain the recognition of two official standards for Ice Cream; Class A Ice Cream should contain not less than 8 per cent. Milk Fat, and Class B less than the Milk Fat standard of 8 per cent. laid down for Class A. If these standards are officially recognised it should greatly improve the quality of the Ice Cream on sale, as at present the large majority of samples do not reach the Class A standard.

All the samples of Self-raising Flour were genuine and of good quality and contained the requisite amount of self-raising ingredients.

All the other samples were genuine and of good quality.

R. PENDRILL CHARLES, M.D., F.I.C.

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

The number of dealers in milk operating in the Borough is as under :—

Description.	As at 1937	Registered in 1938	Rmvd. from register	Total
Retail Purveyors	91	1	—	92
Purveyors of Bottled Milk only	169	8	5	172
Wholesalers and Producers ...	32	—	—	32
<i>Licences under Special Designations :—</i>				
To sell Accredited Milk ...	—	1	—	1
Tuberculin Tested Milk ...	5	—	—	5
Pasteurised	17	1	8	10
Accredited Milk (Supplementary)	1	—	—	1
Pasteuriser's Licence ...	2	1	—	3

LIST OF ADOPTIVE ACTS, LOCAL ACTS, ETC.

Adoptive Acts.

- The Infectious Diseases (Prevention) Act, 1890.
- The Public Health Acts (Amendment) Act, 1890.
- The Public Libraries Acts, 1892 to 1901.
- The Baths and Wash-houses Acts, 1846-1899.
- The Private Street Works Act, 1892.
- The Notification of Births Act, 1907.
- The Public Health Acts (Amendment) Act, 1907 :
 - Part II. Sections 15-23, 25-27, 29-33.
 - Part III. Sections 34-50.
 - Parts IV-VI.
 - Part VII. Section 81.
 - Part VIII.
 - Part X.

Public Health Act, 1925 : Parts II-V.

Local Acts.

- Poole (Extension) Order, 1905.
 - Confirmed by the Local Government Boards' Provisional Orders Confirmation (No. 12) Act, 1905.
- The Poole Corporation Water Act, 1906.
- The Poole Corporation Act, 1919.
- The Poole Corporation Act, 1928.
- The Poole Corporation Act, 1937.

Bye-Laws.

<i>Date of Approval.</i>	<i>Subject.</i>
29th October, 1890.	Pleasure Boats and Vessels.
20th December, 1895.	Whirligigs and Swings.
20th December, 1895.	Sanitary Conveniences.
28th April, 1896.	Telegraph and other Wires.
1st May, 1896.	Common Lodging Housing.
4th May, 1896.	Slaughterhouses.
24th December, 1896.	Nuisances.
4th August, 1905.	Section 74 of Education Act, as amended.
13th November, 1907.	Good Rule and Government.
8th June, 1909.	Shop Hours Act, 1904 (Closing Order).
6th July, 1911.	Houses Let in Lodgings.
14th August, 1911.	Public Bathing.
1st November, 1911.	Water, Preventing Waste, etc.
19th November, 1914.	Locomotives.
21st January, 1915.	Street Trading.
5th June, 1917.	Sale of Coal.
6th March, 1925.	Omnibuses.

*Bye-Laws—(contd.)**Date of Approval*

18th May, 1925.
 14th April, 1926.
 16th August, 1927.
 16th August, 1927.
 7th October, 1927.
 6th March, 1934.
 4th February, 1935.

3rd May, 1935.

1st July, 1936.
 16th December, 1936
 2nd February, 1937

Subject

Nuisances.
 New Streets and Buildings.
 Hackney Carriages.
 Omnibuses.
 Slaughterhouses.
 Tents, Vans, Sheds, etc.
 Good Rule and Government and
 Nuisances.
 Employment of Children, and
 Street Trading by Young Persons.
 Pleasure Grounds.
 Cemeteries, Management of
 Cemeteries, Management of

Regulations.

Dogs Order, 1906.
 Dairies, Cowsheds and Milkshops, 1908.
 Drains of Buildings with Sewers, Connection of.
 Fire Brigade.
 Parks, Persons Using.
 Bowls, Game of.
 Tennis, Game of.
 Education Committee, Constitution of.
 Grammar School, Government of.
 School of Art, Government of.
 School Managers, Guidance of.
 Nursing Homes, 1933.

LOCAL GOVERNMENT SUPERANNUATION ACT, 1922.

Medical examinations were carried out and reports made on fitness in the case of 42 candidates for designated posts in the Corporation service. 41 passed the test satisfactorily, and 1 was referred for re-examination later.

Of 5 previously examined and referred for re-examination, 5 were passed.

NATIONAL HEALTH INSURANCE (JUVENILE CONTRIBUTORS AND YOUNG PERSONS) ACT, 1937.

One application for record of medical history under the terms of this Act was made in 1938.

INFECTIOUS DISEASES.**Control of Infectious Diseases.**

The Borough Public Health Laboratory examines free of charge all pathological and bacteriological specimens submitted by medical practitioners, Health Visitors, School Nurses or Hospitals, the

report being telephoned where urgency is of importance. Particulars of work done in this sphere will be found in the portion of the Report dealing with the Laboratory. As the Medical Officer of Health is also School Medical Officer, Medical Officer under the Maternity and Child Welfare Scheme, Port Medical Officer, Superintendent of the Fever Hospital, Director of the Laboratory, and Honorary Pathologist to the Cornelia Hospital, he is thus enabled to keep himself in intimate personal touch with illness, which it would be impossible to maintain in a town of larger population.

Absentee Reports from the School Staffs are checked and followed up by the School Nurses and School Attendance Officers ; and systematic swabbing of sore throats and discharging nostrils, both at home and in the School Clinics, is a valuable aid to checking a school outbreak, as often an unsuspected case is thus disclosed and spread prevented.

Diphtheria cases, after two weeks at home, on discharge from Hospital, and before returning to school or business, are requested to report to the Health Department, and two consecutive negative Laboratory reports are obtained before release from observation. By this means the number of undetected persistent convalescent carriers is reduced to a minimum. The futility of reliance on the result of only one swabbing is clearly recognised.

During the year 1973 swabs were taken by the Public Health Staff in connection with diphtheria cases, carriers and suspects, and in "following up" convalescent cases after discharge from hospital.

Diphtheria antitoxin is available free to medical practitioners on application to the Public Health Office, on certificate of emergency.

The Health Visitors, by the operation of the Notification of Births Act, are able to track out such infantile conditions as Ophthalmia, Pemphigus and Erysipelas.

For the cleansing and disinfection, and disinfestation of verminous persons and their belongings, Alderney Hospital is equipped with baths and steam disinfectors.

The disinfection of premises, after infectious illness, is carried out by the Department's employees under the supervision of the Sanitary Inspectors.

Control of Diphtheria by Immunisation.

As this is an aspect of Preventive Medicine proper, reference is made to it here. A fuller exposition, as it affects primarily the School Medical Service, will be found in that section of this Annual Report.

Propaganda is maintained by taking advantage of every opportunity of coming into contact with parents at School

Medical Inspections, Minor Ailment Clinics, Dental Clinics, Child Welfare Centres, Health Talks, etc.

Advisory slips are enclosed on all occasions for correspondence in any of the above connections.

The Immunisation Clinic was started in October, 1929, in the midst of a virulent wave of diphtheria which could almost be called from its wide distribution a pandemic. In Poole the wave cost 26 young lives before it spent itself in the Spring of 1931.

The table opposite gives in detail the progress of the campaign up to the end of 1938. It will be observed that the number of children protected before school years has gone up in the last five years as follows :—

1934	...	...	99
1935	...	...	168
1936	...	...	271
1937	...	...	305
1938	...	...	347

This is a very welcome feature, and it is also worthy of note that the greatest relative increase is in children under two years. It is earnestly hoped that the parents of young children will take advantage of this service in still greater numbers.

PROTECTION AGAINST DIPHTHERIA. TOTALS DEALT WITH SINCE INCEPTION OF SCHEME.

Year	Under 1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	5-6 yrs.	6-7 yrs.	7-8 yrs.	8-9 yrs.	9-10 yrs.	10-11 yrs.	11-12 yrs.	12-13 yrs.	13-14 yrs.	14 & over	Total	Primary Schick negative	Total dealt with
1929	—	5	9	17	8	14	13	13	9	21	13	8	9	6	3	148	11	159
1930	3	17	28	22	36	60	58	99	101	113	83	57	54	56	23	810	48	858
1931	3	11	14	16	32	19	25	27	21	27	31	31	18	9	8	292	27	319
1932	—	11	13	12	19	21	18	18	11	13	20	13	11	3	7	190	18	208
1933	—	15	19	24	22	30	29	19	12	22	25	24	12	3	3	259	40	299
1934	—	35	15	16	33	48	27	35	32	29	18	23	15	17	6	349	47	396
1935	1	50	33	44	40	55	59	40	37	35	23	25	13	9	4	468	26	494
1936	14	76	56	57	68	101	82	105	95	66	65	53	43	25	12	918	47	965
1937	4	116	71	63	51	99	64	59	67	54	39	41	27	15	5	775	51	826
1938	6	104	43	47	53	91	83	88	60	37	48	38	22	23	6	759	27	786
Total	31	440	301	318	362	538	458	503	445	417	465	313	224	167	77	4962	342	5310

Amongst the unprotected there have been, during the year, 9 cases and carriers, with no deaths, as against 14 and 2 respectively in 1937. Two notifications were not confirmed.

Hospitals.

Baiter Hospital, on the Baiter Peninsula in Poole Harbour, is kept reserved for Smallpox cases. It has 20 beds (official capacity, 10) with an experienced Nurse as Resident Caretaker. It was not opened during the year.

Alderney Hospital is situated in a very healthy position 200 feet high, near the landward boundary of the Borough, on gravel soil. Its official capacity is 44 beds without including temporary wards erected in 1936, and it consists of 6 blocks with administrative buildings, disinfecting station, and two motor ambulances.

Particulars of the actual condition, age, etc., of the constituent ward blocks were included in the Report for 1932.

The Scheme for hospitalisation of infectious diseases in East Dorset drawn up by the County Council under the Local Government Act, 1929, and approved by the Ministry of Health allocates a minimum of 80 beds for the 110,000 population of the area, including Blandford Forum and Blandford Rural District.

Training of Nurses and State Registration. During the year 5 probationer nurses entered for and 4 passed the First State Examination for the qualification R.F.N., and were transferred for their final year's training to the Cardiff Hospital for Infectious Diseases in accordance with the Affiliated Scheme of Training in force.

Admissions. During the year 249 cases were admitted, compared with 146 in 1937. Of these ~~70~~ were Borough cases, 19 from Wimborne Minster, 9 from Wimborne and Cranborne Rural District, 5 from Wareham Borough, 24 from Wareham and Purbeck Rural District, 4 from Swanage, 11 from Christchurch Borough and 5 from military stations in the County.

There were 3 deaths, 1 belonging to the Borough.

Table H gives further particulars of the admissions, and Table I summarises the notified infections by age incidence.

The causes of death were septic scarlet fever and mastitis complicating childbirth, severe faucial diphtheria, and typhoid fever respectively.

Disinfection. The steam disinfecter is of the jacket type, working up to 40 lbs. pressure per square inch, manufactured by Manlove, Alliott & Co., Nottingham.

Regional Hospitalisation. In this Report for 1937 the arguments for the economy and efficiency of a grouped hospital effort were given in some detail. The attempt, however, has not been successful, and the particulars on pp. 31 and 32 of the 1937 Report have not been this year repeated.

PUBLIC MEDICAL AND NURSING SERVICES.

A County Public Medical Service was inaugurated in April 1937, the service including the Borough of Poole. Justification for the step is expressed in the records of the first Annual Meeting of the Service, by the statement :—" The State took an interest in public health from the point of view of preventing epidemics, but individual health was a matter for individual concern. Now there had been what may be described as a re-orientation in the point of view. The State felt that the health of the individual was a matter for the State and said that they could not afford to let people neglect their health. They must make it possible for everyone to see their doctor without feeling that it was too great a burden on the income, and the only way to do it was by the existence of these services."

The reference to a burden on the income gains point when it is realised that if it is to be efficient this is only one service in a chain of services, embracing Friendly Society, Health Insurance, nursing in the home, and Hospital Services, both for contributor and for dependents, each making its weekly inroad, 6d., 10d., 1d., or 3d., as the case may be, on an income which may make its best endeavour to use all these services, but fails after a time to maintain its payments and so " falls out of benefit."

In November, 1938, there were 17,355 subscribers to the Medical Service, with 93 doctors, an increase of 3,355.

As to Nursing Services, with the introduction of the Midwives' Act of 1936, the four District Nursing Associations in the Borough were merged into one, receiving a grant from the Corporation on condition that the new Borough of Poole District Nursing Association covered the whole borough in its nursing activities.

TUBERCULOSIS.

The Dorset County Council is the Local Authority for the prevention and treatment of Tuberculosis.

Particulars are given below of the position as regards the incidence of the disease for recent years.

Year	First Notifications		Formerly notified new residents.		Deaths.	
	Pulmonary	Other Forms	Pulmonary	Other Forms	Pulmonary	Other Forms
1925	59	18	12	1	33	6
1926	50	10	13	—	46	5
1927	54	8	16	—	36	6
1928	45	11	6	1	32	9
1929	62	11	4	—	30	5
1930	61	14	3	1	48	6
1931	55	28	8	—	48	12
1932	49	9	9	—	38	7
1933	59	20	15	—	39	12
1934	43	16	9	5	32	6
1935	47	14	12	—	52	3
1936	46	20	—	1	38	9
1937	37	8	4	—	26	7
1938	34	16	—	—	32	7

For the year under review, the details are as follows:—

Age Period	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 -	—	—	1	—	—	—	1	—
1 -	—	2	1	—	—	—	1	—
5 -	2	—	2	—	—	—	1	—
15 -	1	4	2	3	1	5	1	1
25 -	5	1	5	—	3	—	2	—
35 -	5	—	—	—	2	1	—	—
45 -	5	—	1	1	9	—	—	—
55 -	3	4	—	—	3	3	—	—
65 & upwards	1	1	—	—	2	3	—	—
Totals	22	12	12	4	20	12	6	1

Of the deaths from the respiratory form:—

10	had been notified during	1938
2	" " " "	1937
6	" " " "	1936
3	" " " "	1935
2	" " " "	1934
1	" " " "	1933
1	" " " "	1929
2	" " " "	1923
1	" " " "	1904
4	" " " "	year uncertain.

It will be seen above that the majority of both new cases and deaths in pulmonary tuberculosis occur under the age of 45, the greatest toll being taken between 25 and 45—years which should be the "prime of life." Can we say that, since the abnormal years of war, the years of life granted to tuberculous subjects are being increased? The table following gives in age groups the total deaths during recent years. It also shows the fluctuation in five-year periods of the survivals beyond 45 years of age.

Year	Under 5 years	5—15 years	15—25 years	25—45 years	Total under 45 years	Over 45 years	Total Deaths	Percentage surviving 45 years.
1921-25	2	8	50	99	159	66	225	29.3
1926-30	2	5	30	101	138	54	192	28.1
1931-35	1	8	35	92	136	72	208	34.6
1936	1	—	4	17	22	16	38	42.1
1937	—	1	5	8	14	12	26	46.2
1938	—	—	6	6	12	20	32	62.5

The survey is a brief one, and the total numbers dealt with are small, coupled with the welcome fact that tuberculosis is now playing a less important part in the death rates, but indication is found that in pulmonary tuberculosis life is being slightly prolonged.

The proportion of notified and non-notified pulmonary cases dying in recent years has been as follows :—

	1931	1932	1933	1934	1935	1936	1937	1938
Previously notified	45	37	38	32	51	38	26	32
Not notified	3	1	1	0	1	0	0	0
Total	48	38	39	32	52	38	26	32

Of the 7 non-pulmonary deaths, 3 were due to meningitis, 1 was abdominal, 2 renal and 1 due to disease of bone.

Occasion has not arisen during the year for applying the operation of Section 62 of the Public Health Act, 1925 (compulsory removal to hospital of certain cases of pulmonary tuberculosis), or of the Public Health (Prevention of Tuberculosis) Regulations, 1925, controlling tuberculous subjects in the milk trade.

CANCER AND RADIUM.

Since the war an intensified campaign against malignant disease, especially against cancer, has been fostered by the Ministry of Health, and carried out with general support, though of necessity with varying prospects, owing to varying local facilities.

As the main purpose of all treatment is the postponement of death, we may focus our attention for the moment on the incidence of malignant disease in Poole, and its result in this respect, over the last fifteen years.

The following figures show the proportion, in five-yearly averages, of persons dying from malignant disease of all natures, who had reached 65 years of age, in the quinquennia 1921 to 1935.

Year.	CANCER	GENERAL DEATH RATE
	% of deaths over 65 years	% of deaths over 65 years
1921—25	46.8	44.9
1926—30	54.2	49.6
1931—35	57.4	52.6
1936	59.8	55.6
1937	60.4	59.1
1938		

Too much cannot be deduced from this apparently promising result over such a short period. Malignant disease is not notifiable, so we cannot say whether a greater number actually develop the condition at an older age than before, or whether it is taken in hand at an earlier stage than before and that death is in fact being postponed because of earlier diagnosis and active treatment.

Taking all risks of disease and accident into account, we are becoming an "older" population, so that unless figures like the above agree over much larger numbers than Poole is able to show, we have probably no tangible deduction to make.

It can, however, be suggested that the above figures *are* better than other averages, if only to stimulate the study of analogous comparison elsewhere.

Through the instrumentality of Mr. Gordon Luker, the Gynaecologist on the Honorary Staff of the Cornelia and East Dorset Hospital, one hundred milligrams of radium in containers of varying strength have been put at the service of the General Hospital. Use is made of this valuable adjunct both in malignant and in non-malignant gynaecological conditions, as well as in malignancy in other situations.

A Consultation Clinic under the Dorset County Council and in conjunction with the Regional Radium Centre, Southampton, was opened at the County Hospital, Dorchester, in May, 1937, being held in the forenoon of the second Wednesday in each month.

BLIND PERSONS ACT, 1920.

Care of the blind of Poole under this Act is a function of the County Council who work in co-operation with the Dorset County Association for the Blind.

Of children blind or partially blind under 16 years there are 5 under the supervision of the Education Committee, viz. :—

1 girl over ordinary school age, at home.

1 boy of school age, at home, receiving specialist treatment.

3 girls at a residential school or home.

VENEREAL DISEASES.

Administration and treatment is in the hands of the County Council. A clinic in the Borough itself is very necessary and is under consideration. At present the nearest available Centre is at the Royal Victoria Hospital. No alteration in this respect has been effected during the year.

The number of patients who attended the Clinic registered as resident in the Borough of Poole has been 146 in 1933, 195 in 1934, 183 in 1935, 175 in 1936, 195 in 1937 and 179 in 1938.

It will be noticed that 48 cases did not complete treatment as compared with 42 in 1937.

Sex	Syphilis			Gonorrhoea			Diag- nosed as Non- Venereal
	Treat- ment com- pleted	Ceased attendance before completion of treatment	Still under treat- ment	Treat- ment com- pleted	Ceased attendance before completion of treatment	Still under treat- ment	
M.	4	9	15	27	24	21	10
F.	2	9	16	11	6	15	10
	6	18	31	38	30	36	20

BOROUGH PUBLIC HEALTH LABORATORIES.

The sphere of gratuitous utility of the Public Health Laboratories includes the Hospitals in the Borough, the Medical Practitioners of the Borough, the School Medical Service, the Maternity and Child Welfare Service and the Food Inspectors.

For reports on materials coming from outside the Borough small charges are made.

Charges are also made for special work, such as preparation of vaccines, bacteriological tests of water samples, etc.

The Laboratories are approved by the Ministry of Agriculture and Fisheries as a pathological institute for the purposes of examinations in connection with Tuberculosis in Animals (Tuberculosis Order of 1935).

LABORATORY EXAMINATIONS, 1937.

Diphtheria Swabs.

Isolation Hospital	...	...	571
Nurses and Clinics	...	...	402
Medical Practitioners	...	...	187
County	...	...	7
Institutions	...	...	10

Total ... 1177

Other Specimens.

Urines	...	...	150
Sputa	...	...	234
Blood Counts	...	...	4
Hair for Ringworm	...	...	9
Pus	...	...	11
Fæces	...	...	43
Milk Analysis	...	...	5
Tissues	...	...	1
Bac. Examination of Water	...	...	308

Swabs for Gonorrhoea	...	...	29
Blood for Typhoid Group	...	...	10
Blood for Wassermann Test	...	...	24
Cerebro Spinal Fluid	...	...	1
Pleural Fluids	...	...	1
Swabs for Haenolytic Streptococci	...	...	150
Faeces and Urines for Typhoid from			
		Isolation Hospital	46
Specimens from Vet. Surgeon	...	...	6
Miscellaneous	...	...	41
Total Examinations			2250

In 1936, 4229 examinations and reports were made, the great increase in that year being due to the Typhoid outbreak of the autumn.

HOSPITALS, MEDICAL SERVICES AND NURSING ARRANGEMENTS AVAILABLE FOR THE BOROUGH.

(1) *Hospitals and Sanatoria.*

<i>Classification</i>	<i>Name</i>	<i>Situation</i>	<i>Accommo- dation</i>	<i>Provided by</i>
Tuberculosis ...	Various	Various	72 for County	County Council
Maternity ...	Cornelia Hospital	Longfleet	12 beds	Subsidised by Borough Council
Children under 5	Cornelia Hospital	Longfleet	8 cots	Subsidised by Borough Council
Infectious Diseases	Borough Isolation	Upper Parkstone	44 beds	Borough Council
Smallpox, etc.	Baiter Isolation	Poole	10 beds	Borough Council
Children's Convalescent ...	Swanage Memorial	Swanage	3 for Borough	Royal Red Cross Society
Venereal Disease	Royal Victoria	Boscombe	4 beds	County Council
General and Orthopaedic ...	Cornelia Hospital	Longfleet	118 beds	Voluntary effort

(2) *Clinics and Treatment Centres.*

<i>Classification.</i>	<i>Situation.</i>	<i>Provided by</i>
Tuberculosis ...	King Street, Poole	County Council
Maternity and Child Welfare ...	67, Market Street Poole ...	Borough Council
„ „ ...	Branksome Council Buildings	Borough Council
„ „ ...	Creekmoor, Broadstone	Borough Council
Maternity and Child Welfare Association Consultation Centre and School for Mothers ...	Poole ...	Voluntary effort subsidised by Borough Council
„ „ ...	Upper Parkstone	„ „
„ „ ...	Heatherlands	„ „
„ „ ...	Newtown	„ „
„ „ ...	Longfleet	„ „
Elementary Schools, Minor Ailments ...	67, Market Street, Poole ...	Borough Council
„ „ ...	Council Buildings, Branksome	„ „
Dental Operative Clinic ...	67, Market Street, Poole	„ „
Nose and Throat Operative Clinic ...	Cornelia Hospital ...	„ „
X-Ray Clinic ...	„ „ ...	„ „
Orthopaedic Clinic ...	„ „ ...	„ „
Eye Clinic ...	Municipal Buildings Poole ...	„ „
Diphtheria Immunisation ...	67, Market Street Poole ...	Borough Council
„ „ ...	Council Buildings, Branksome.	„ „
Venereal Diseases ...	Boscombe ...	County Council

(3) *Professional Nursing in the Home.*

General. During the year, the four existing District Nursing Associations were combined to form one Association for the whole Borough for general nursing only, midwifery being provided for by a Municipal Service. The Corporation now gives the Association an annual grant of £200.

The Borough of Poole District Nursing Association now employs a whole-time Secretary, Superintendent, and five nurses.

Maternity. The domiciliary Midwifery Service of the Borough is described in the Maternity and Child Welfare Section of this Report. In addition to this Service, 18 certified midwives practise in the Borough. A further 2 are proprietors of nursing homes, which are also Maternity Homes.

(4) *Ambulance facilities.*

(a) *Infectious Diseases.* Two motor ambulances are stationed at the Borough Hospital. The newer vehicle is a Morris St. John type, capable of carrying 2 stretchers and 3 sitting cases. The area covered by this includes a considerable portion of the East of the County of Dorset, and Christchurch in Hampshire.

(b) *Non-infectious and Accident Cases.* Two Morris motor ambulances are maintained at the Central Fire Station. Arrangements are in force with adjacent local authorities for the use on emergency of these ambulances in areas outside the Borough, on a reciprocal basis.

There are two privately-owned ambulances available for service by private arrangement.

There is also a hand ambulance quartered at Parkstone Park.

(5) *Other Institutional Provision.*

Illegitimate Infants. The Hants and Dorset Babies' Home, in Commercial Road, Parkstone, is capable of boarding 23 infants. It receives an annual grant from Government funds, and is subject to supervision by the Medical Officer of Health.

Rescue Cases. St. Faith's Refuge, Mount Road, Parkstone, is a home for rest, supervision and advice in the case of girls who are liable to, or have become the victims of, an irregular life. It is under the auspices of the moral and spiritual welfare work of the Diocese of Salisbury. With an outdoor worker, a superintendent, and a matron, and co-operation with the Dorset Voluntary Association for Mental Welfare, it has been the means of rehabilitating many girls, and arranging for suitable institutional care for those less able to safeguard themselves.

PROPAGANDA IN HEALTH EDUCATION.

The local issue of the journal "Better Health" continued throughout the year. A thousand copies are delivered to 1,000 different homes each month until the Borough has been covered, thus ensuring its circulation in fact. The Medical Officer provides a "leader" of local import.

For a population more or less acquainted with propaganda in matters of public health, it might be considered that a series of popular evening lectures on public health topics would prove acceptable as an extension of these activities. For extra calls of this nature, however, medical staff is lacking.

LIST OF TABLES.

- A.—Vital Statistics—Quinquennial.
- B.—Deaths from all Causes.
- C.—Infant Mortality.
- D.—Births.
- E.—Housing.
- F.—Sanitary Inspection, Nuisances and Defects.
- G.—Food and Drugs.
- H.—Cases Admitted to Borough Isolation Hospital.
- I.—Infectious Diseases.
- J.—Factories and Workshops.
- K.—Carcases Inspected and Condemned.

The following tables are prepared from the records of the health department for the year 1900. They are arranged in alphabetical order of the subjects treated. The tables are printed in English and Spanish. A full description of the tables is given in the Introduction.

(4) *Annual mortality.*

The following table shows the annual mortality for the year 1900. It is arranged in alphabetical order of the diseases. The table is printed in English and Spanish. A full description of the table is given in the Introduction.

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NOTES ON THE TABLES.

The following notes are given to explain the tables. They are arranged in alphabetical order of the subjects treated. The notes are printed in English and Spanish. A full description of the notes is given in the Introduction.

TABLE A.

Vital Statistics, Quinquennial.

Year	Mid-Year population	Infantile Mortality per 1,000 births.	Per 1,000 of Population.			
			Birth Rate.	Marriage Rate.	Death Rate (uncorrected)	Cancer Death Rate. Pulmonary Tuberculosis Death Rate
1885	12957	86	39.5		18.7	
1890	14027	82	26.9		14.6	
1895	17050	126	29.5		15.1	
1900	18991	131	27.7		15.3	.9
1905	21804	113	26.7		15.7	1.3
1910	34168*	82	26.0	15.4	12.7	1.1
1915	42800	93	18.7	18.6	13.2	.8
1920	43400	75	23.6	22.0	10.8	.9
1925	46150	71.7	18.1	16.7	11.7	.71
1930	56150	57.6	16.7	15.4	12.39	.85
1931	56780	43.2	15.85	16.5	12.49	.84
1932	58230	55.2	15.8	15.1	11.70	.65
1933	63510*	46.4	16.0	16.1	11.71	.61
1934	64380	44.1	15.4	16.2	11.48	.50
1935	65600	44.0	16.0	16.8	11.7	.79
1936	66820	51.2	16.8	16.9	12.1	.55
1937	67990	45.6	15.4	16.9	12.1	.39
1938	68860	50.0	14.9	16.9	11.49	.46
England & Wales, 1938		53.0	15.1		12.4	

* Enlarged Borough.

CORRECTED DEATH RATE :—10.20

Causes of Death.			All Ages.	Under 1 Year.	1 and under 2 Years	2 and under 3 Years	3 and under 4 Years	4 and under 5 Years	5 and under 10 Years	10 and under 15 Years	15 and under 20 Years	20 and under 25 Years	25 and under 30 Years	30 and under 35 Years	35 and under 40 Years	40 and under 45 Years	45 and under 50 Years	50 and under 55 Years	55 and under 60 Years	60 and under 65 Years	65 and under 70 Years	70 and under 75 Years	75 and upwards	Total Deaths in Institu- tions
All Causes :— Certified ...			791	51	8	4	2	2	5	5	3	12	11	9	12	18	30	43	49	69	91	115	251	202
Uncertified ...			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
1.	Typhoid and Paratyphoid Fevers	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2.	Measles ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3.	Scarlet Fever	...	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
4.	Whooping Cough	...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5.	Diphtheria	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6.	Influenza	...	9	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	2	9	1
7.	Encephalitis Lethargica	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8.	Cerebro-Spinal Fever	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9.	Tuberculosis of respiratory system	...	30	—	—	—	—	1	—	—	—	6	2	1	1	1	7	3	2	4	1	—	1	3
10.	Other Tuberculous disease	...	7	1	—	—	—	1	—	—	1	1	1	2	—	—	—	—	—	—	—	—	—	—
11.	Syphilis ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	2
12.	G.P.I. Tabes Dorsalis	...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13.	Cancer, Malignant Disease	...	122	—	—	—	—	—	—	—	2	1	3	—	—	3	5	11	12	15	20	22	28	30
14.	Diabetes	...	7	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	1	1	2	1
15.	Cerebral Haemorrhage, etc.	...	57	—	—	—	—	—	—	—	—	—	—	—	1	—	1	6	8	17	19	22	49	29
16.	Heart Disease	...	124	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—
17.	Aneurysm	...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	4	8	9	10	20	57	5
18.	Other Circulatory Diseases	...	110	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	4	5	7	8
19.	Bronchitis	...	22	—	2	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	4	5	7	—
20.	Pneumonia (all forms)	...	51	10	6	2	2	—	1	1	1	—	—	—	—	2	2	4	—	5	7	2	6	15
21.	Other Respiratory Diseases	...	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	—	—
22.	Peptic Ulcer	...	4	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	—	2
23.	Diarrhoea, etc (under 2 years)	...	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24.	Appendicitis	...	6	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1
25.	Cirrhosis of Liver	...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
26.	Other Diseases of Liver	...	2	—	—	—	—	—	—	—	—	—	—	—	1	—	1	3	1	3	—	5	4	5
27.	Other Digestive Diseases	...	20	1	—	1	—	—	—	1	—	—	2	—	—	1	3	2	2	2	3	2	4	6
28.	Acute and Chronic Nephritis	...	22	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
29.	Puerperal Sepsis	...	1	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—	3
30.	Other Puerperal Causes	...	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12
31.	Congenital Debility, etc.	...	32	32	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	49	13
32.	Senility	...	50	—	—	—	—	—	—	—	—	—	1	—	1	2	—	—	1	—	—	1	1	2
33.	Suicide	...	7	—	—	—	—	—	1	—	—	3	—	1	2	1	—	—	2	2	3	5	—	10
34.	Other Violence	...	20	—	—	1	—	—	3	2	—	—	1	—	3	4	4	1	4	5	6	11	21	29
35.	Other Defined Diseases	...	66	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
36.	Causes Ill-defined or Unknown	...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE C.
INFANT MORTALITY DURING 1938.

Causes of Death.	Deaths from stated causes at various ages under 1 year.								Total Deaths under one year.	
	Under 7 days	7-14 days	15-20 days	21-28 days	Total under 4 weeks	1-3 months	3-6 months	6-9 months		9-12 months
Congenital Defect ...	2	—	1	—	3	—	1	—	1	6
Inanition and Prematurity ...	13	—	—	—	13	1	—	—	—	14
Atelectasis ...	2	—	2	—	4	—	—	—	—	4
Pneumonia (all forms) ...	—	—	1	1	2	4	—	2	2	10
Intracranial pressure or Haemorrhage ...	3	1	—	—	4	1	—	—	—	5
Placenta praevia ...	2	—	—	—	2	—	—	—	—	2
Tuberculous Meningitis ...	—	—	—	—	—	—	1	—	—	1
Intussusception ...	—	—	—	—	—	—	1	1	—	2
Gastro-enteritis ...	—	—	—	—	—	—	1	3	—	4
Pertussis ...	1	—	—	—	1	—	—	—	—	1
Icterus Gravis ...	1	—	—	—	1	—	—	—	—	1
Asphyxiation, Accidental...	—	—	—	1	1	—	—	—	—	1
Septicaemic Abscesses ...	—	1	—	—	1	—	—	—	—	1
Total ...	24	2	4	2	32	6	4	6	3	51

INVESTMENT DURING 1888

TABLE C.

Cause of Death	Total Deaths	Deaths from apoplexy	Deaths from heart disease	Deaths from pneumonia	Deaths from influenza	Deaths from other causes	Total Deaths	Deaths from apoplexy	Deaths from heart disease	Deaths from pneumonia	Deaths from influenza	Deaths from other causes	Total Deaths
Septicæmia	1	1	1	1	1	1	6	1	1	1	1	1	6
Apoplexy	1	1	1	1	1	1	6	1	1	1	1	1	6
Heart disease	1	1	1	1	1	1	6	1	1	1	1	1	6
Pneumonia	1	1	1	1	1	1	6	1	1	1	1	1	6
Influenza	1	1	1	1	1	1	6	1	1	1	1	1	6
Other causes	1	1	1	1	1	1	6	1	1	1	1	1	6
Total	5	5	5	5	5	5	30	5	5	5	5	5	30

TABLE D.

TOTAL BIRTHS—1965.

Class	Notified by			Not Notified	Total	Stillbirths		
	Doctors	Midwives	Parents			Doctors	Midwives	Parents
Legitimate { Male Female	132	379	9	—	520	7	10	—
	108	350	6	—	464	5	14	—
Illegitimate { Male Female	2	22	—	—	24	1	—	—
	1	17	—	—	18	2	—	—
Total { Male Female	134	401	9	—	544	8	10	—
	109	367	6	—	482	7	14	—
Grand Total	243	768	15	—	1026	15	24	—

TABLE E.
Housing.

1	Inspection of dwelling-houses during the year—	
2	(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	8,774
3	(2) Number of inspections made for the purpose—	2,777
4	(a) Number of dwelling-houses included under sub-head (1) above which were inspected and reported upon by the Housing Corporation, 1935	2,777
5	(b) Number of inspections made for the purpose—	2,777
6	(1) Number of dwelling-houses found to be in a state of dangerous or injurious condition as to health or safety for human habitation	11
7	(2) Number of dwelling-houses (exclusive of those reported under the preceding sub-head) found not to be in a state of dangerous or injurious condition as to health or safety for human habitation	432
8	(3) Number of defective dwelling-houses rendered fit in accordance with notices issued by the Local Authority or their officers	47
9	(a) Section in the Housing Act, 1936, under section 10 and 11 of the Housing Act, 1930	24
10	(1) Number of dwelling-houses in respect of which notices were served requiring repairs	10
11	(2) Number of dwelling-houses which were rendered fit after service of formal notices—	10
12	(a) By owners	—
13	(b) By local authority in default of owners	2
14	(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	2
15	(2) Number of dwelling-houses in which defects were remedied after service of formal notices—	2
16	(a) By owners	—
17	(b) By local authority in default of owners	2
18	(1) Number of dwelling-houses in respect of which demolition notices were served under sections 11 and 12 of the Housing Act, 1936	4
19	(2) Number of dwelling-houses in respect of which demolition notices were served under sections 11 and 12 of the Housing Act, 1936	4
20	(a) Section in the Housing Act, 1936, under section 12 of the Housing Act, 1930	1
21	(1) Number of dwelling-houses in respect of which demolition notices were served under section 12 of the Housing Act, 1936	1
22	(2) Number of dwelling-houses in respect of which demolition notices were served under section 12 of the Housing Act, 1936	1
23	(a) Section in the Housing Act, 1936, under section 12 of the Housing Act, 1930	1
24	(1) Number of dwelling-houses in respect of which demolition notices were served under section 12 of the Housing Act, 1936	1
25	(2) Number of dwelling-houses in respect of which demolition notices were served under section 12 of the Housing Act, 1936	1
26	(a) Section in the Housing Act, 1936, under section 12 of the Housing Act, 1930	1
27	(1) Number of dwelling-houses in respect of which demolition notices were served under section 12 of the Housing Act, 1936	1
28	(2) Number of dwelling-houses in respect of which demolition notices were served under section 12 of the Housing Act, 1936	1
29	(a) Section in the Housing Act, 1936, under section 12 of the Housing Act, 1930	1
30	(1) Number of dwelling-houses in respect of which demolition notices were served under section 12 of the Housing Act, 1936	1
31	(2) Number of dwelling-houses in respect of which demolition notices were served under section 12 of the Housing Act, 1936	1
32	(a) Section in the Housing Act, 1936, under section 12 of the Housing Act, 1930	1
33	(1) Number of dwelling-houses in respect of which demolition notices were served under section 12 of the Housing Act, 1936	1
34	(2) Number of dwelling-houses in respect of which demolition notices were served under section 12 of the Housing Act, 1936	1
35	(a) Section in the Housing Act, 1936, under section 12 of the Housing Act, 1930	1
36	(1) Number of dwelling-houses in respect of which demolition notices were served under section 12 of the Housing Act, 1936	1
37	(2) Number of dwelling-houses in respect of which demolition notices were served under section 12 of the Housing Act, 1936	1

TABLE F.

Report of Sanitary Inspectors for the Year 1938.

Poole District, Mr. Wheeler ; Branksome District, Mr. Trim ;
 Longfleet District, Mr. Power ; Parkstone District, Mr. Glover ;
 Canford District, Mr. Leggat.

	District.				
	Poole	Brank- some	Long- fleet	Park- stone	Canford
Total Number of visits to premises ...	4600	4334	4836	3620	4838
Visits re infectious and other diseases ...	15	104	68	74	100
Disinfections after infectious diseases ...	20	57	51	48	64
Disinfections after other diseases ...	32	11	1	18	9
House drains smoke tested ...	21	54	21	35	46
House drains water tested ...	127	101	32	44	179
Drains repaired, cleaned &c. ...	54	34	31	74	284
<i>Licensed or Registered Premises.</i>					
Factories, workshops and work-places ...	116	71	128	43	27
Slaughterhouses ...	—	412	788	240	85
Dairies and milkshops ...	89	80	70	273	91
Cowsheds ...	55	12	31	7	204
Bakehouses ...	58	32	13	47	9
Houses Let-in-Lodgings ...	46	—	—	—	—
Common Lodging Houses ...	92	—	—	—	—
<i>Inspections.</i>					
Butchers' premises ...	588	571	662	268	98
Greengrocers' premises ...	333	728	732	107	13
Fishmongers' premises ...	353	331	372	61	32
Fish Market ...	23	—	—	—	—
Schools ...	87	10	17	29	—
Ice Cream Premises ...	117	37	27	90	24
Picture houses ...	82	—	41	—	—
Lavatories ...	59	56	4	117	76
Other premises ...	1821	1048	1023	1744	1600
Inspections of work in progress ...	594	594	269	514	2025
<i>Food and Drugs Acts.</i>					
Samples of food, &c., taken ...	30	56	60	60	60
Complaints received ...	—	1	1	3	—
Food Destroyed, lbs. ...	1177	9310	9877	826½	479
<i>Nuisances and Defects.</i>					
Premises requiring repair ...	45	86	111	99	67
Cleansing or linewashing ...	25	27	11	46	11
Defective W.C. fittings ...	38	51	36	27	23
Defective yard surfaces ...	4	8	27	31	1
Defective eaves and downspouts ...	34	36	25	39	47
Defective sinks ...	—	26	21	10	37
Defective urinals ...	—	—	—	8	—
Defective manure pits ...	1	—	—	—	—
Animals improperly kept ...	1	1	—	1	—
Overcrowding ...	—	—	2	2	1
Offensive accumulations ...	20	6	4	9	—
Other nuisances (Premises with) ...	54	189	177	98	351
Informal Notices served ...	46	211	115	133	393
" " complied with ...	34	148	107	105	363
Statutory Notices served ...	1	10	2	11	4
" " complied with ...	1	8	4	11	4
" " outstanding ...	1	18	—	8	1
<i>Diseases of Animals Acts.</i>					
Visits made ...	51	10	84	—	98
Movement Licences (within the Borough) ...	—	—	licences	—	—
Movement Licences (outside the Borough) ...	—	—	licences	—	—
Reports to Board of Agriculture ...	2	2	4	4	1
Cautions ...	—	—	—	—	—
Prosecutions ...	—	—	—	—	—

Cesspools closed up : 247

TABLE G.
WORK DONE UNDER THE FOOD AND DRUGS ACTS.

	Samples.						Vendor cautioned	Vendor prosecuted.
	Formal	Informal	Total	Genuine	Adulterated			
New Milk	63	13	76	69	7		7	—
Butter	16	—	16	16	—		—	—
Cheese	3	—	3	3	—		—	—
Beef Sausages	4	—	4	4	—		—	—
Dripping	2	—	2	2	—		—	—
Margarine	9	—	9	9	—		—	—
Lard	14	—	14	14	—		—	—
Ice Cream	4	—	4	4	—		—	—
Tea	17	—	17	17	—		—	—
Granulated Sugar	3	—	3	3	—		—	—
Corn Flour	5	—	5	5	—		—	—
Cocoa	9	1	10	10	—		—	—
Pepper	2	2	4	4	—		—	—
Mustard	1	2	3	3	—		—	—
Self-Raising Flour	9	1	10	10	—		—	—
Mincemeat	4	1	5	5	—		—	—
Vinegar	3	1	4	4	—		—	—
Rice	4	1	5	5	—		—	—
Flour	3	—	3	3	—		—	—
Raspberry Jam	1	—	1	1	—		—	—
Icing sugar	2	—	2	2	—		—	—
Coffee	4	—	4	4	—		—	—
Shredded Suet	4	—	4	4	—		—	—
Ground Almonds	2	—	2	2	—		—	—
Dessicated Cocoanut	2	—	2	2	—		—	—
Oatmeal	2	—	2	2	—		—	—
Pea Soup	—	1	1	1	—		—	—
Bisto Gravy	—	1	1	1	—		—	—
Baking Powder	—	1	1	1	—		—	—
Mushroom Soup	—	1	1	1	—		—	—
Gravy Salt	—	2	2	2	—		—	—
Dessicated Soup	—	2	2	2	—		—	—
Ground Nutmeg	—	1	1	1	—		—	—
Custard Powder	—	1	1	1	—		—	—
Egg Substitute	—	1	1	1	—		—	—
Peas	5	2	7	7	—		—	—
Lobster Paste	1	—	1	1	—		—	—
Tomato Sauce	—	1	1	1	—		—	—
Tinned Milk	—	1	1	1	—		—	—
Chicken and Ham Roll	—	1	1	1	—		—	—
Tinned Pilchards	—	1	1	1	—		—	—
Cookeen	—	1	1	1	—		—	—
Tinned Salmon	1	1	2	2	—		—	—
Black Currant Jelly	—	1	1	1	—		—	—
Tinned Soup	—	1	1	1	—		—	—
Lemonade Powder	—	1	1	1	—		—	—
Sauce	—	1	1	1	—		—	—
Epsom Salts	2	2	4	4	—		—	—
Custard (Ready made)	—	1	1	1	—		—	—
Bloater Paste	3	—	3	3	—		—	—
Sardine and Tomato Paste	1	—	1	1	—		—	—
Sterilized Milk	—	1	1	1	—		—	—
Pork Sausages	3	—	3	2	1		1	—
Sugar	3	—	3	3	—		—	—
Salmon and Shrimp Paste	1	—	1	1	—		—	—
Tinned Oranges	1	—	1	1	—		—	—
Tinned Grape Fruit	1	—	1	1	—		—	—
Sardines	1	—	1	1	—		—	—
Tinned Herrings	1	—	1	1	—		—	—
Anchovy Paste	1	—	1	1	—		—	—
TOTAL	217	49	266	258	8		8	—

TABLE H.

CASES ADMITTED TO ALDERNEY HOSPITAL DURING THE YEAR 1938.

	Poole	Wimborne	Wimborne and Cran- borne R.D.	Wareham	Wareham & Purbeck R.D.	Swanage	Army Camps	C'church	Shaftesbury	Total
Scarlet Fever	134	15	6	3	21	2	2	7	—	190
Admitted as Sc. Fever but proving to be otherwise	10	—	—	—	—	1	—	1	—	12
Diph. Faucial	8	2	2	—	2	1	—	—	—	15
Diph. Nasal	2	—	—	—	—	—	—	—	—	2
Admitted as Diph. but proving to be otherwise	1	—	—	—	—	—	—	1	—	2
Morbilli	—	—	—	—	—	—	2	—	—	2
Typhoid	2	—	2	1	—	—	—	—	1	6
Puerperal Pyrexia	4	—	1	1	—	—	—	1	—	7
Mumps	1	—	—	—	—	—	—	—	—	1
Erysipelas	5	—	—	—	—	—	—	1	—	6
Oph. Neon.	2	—	—	—	—	—	—	—	—	2
Cerebro-Spinal Meningitis	—	—	—	—	—	—	1	—	—	1
Dysentery	2	—	—	—	—	—	—	—	—	2
Acute Poliomyelitis ...	1	—	—	—	—	—	—	—	—	1
	172	17	11	5	23	4	5	11	1	249

TABLE I.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1937.

Notifiable Diseases	At all ages	Number of Cases Notified.											Removed to Hospital	
		Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years		65 & upwards
Scarlet Fever	141	—	3	4	3	9	51	49	9	10	3	—	—	131
Typhoid Fever	3	—	—	—	—	—	1	1	1	—	—	—	—	2
Diphtheria	11	—	—	—	—	1	5	2	1	1	—	1	—	11
Pneumonia	24	2	—	—	1	—	3	1	3	3	3	7	1	—
Erysipelas	15	—	—	1	—	—	—	—	—	1	2	11	—	5
Puerperal Pyrexia	8	—	—	—	—	—	—	—	—	7	1	—	—	4
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	—	—	—	—	2
Enceph. Lethargica	1	—	—	—	—	—	—	—	—	—	1	—	—	—
Dysentery	2	—	—	—	—	—	—	—	—	1	1	—	—	2
Cerebro-Spinal Meningitis	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Anterior Poliomyelitis	2	—	—	—	—	—	—	1	1	—	—	—	—	—
	170	4	3	6	4	10	60	54	15	23	11	19	1	157

CASES OF INFECTIONS DISEASES NOTIFIED DURING 1937.

TYBAT .I

[illegible]

TABLE J.

1.—INSPECTIONS for purposes of provisions as to health.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS

Premises.	Number of		
	Inspections.	Written Notices.	Occupiers prosecuted.
Factories with mechanical power	295	14	—
Factories without mechanical power	153	3	—
Other Premises under the Act (including works of building and engineering construction but not including out- workers' premises)	65	3	—
Total	513	20	—

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of defects in respect of which prosecutions were instituted.
	Found	Remedied	Referred to H.M. Inspector	
Want of cleanliness (S. 1)	26	25	—	—
Overcrowding (S. 2)	—	—	—	—
Unreasonable temperature (S. 3)	—	—	—	—
Inadequate ventilation (S. 4)	2	1	—	—
Ineffective drainage of floors (S. 6)	4	3	—	—
Sanitary Conveniences (S. 7) {	insufficient	3	3	—
	unsuitable or defective	9	8	—
	not separate for sexes	—	—	—
Other offences (Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937.)	19	18	—	—
Total	63	58	—	—

1-INSPECTIONS

NOTICE: THIS PRODUCT MAY BE USED TO REPRODUCE

	Total	Engines not in running order	Other Premises	Factories with no electrical power	Factories with electrical power
Number of	513	8	3	3	14
Institutions					
Worship places					

DEFECTS FOUND.

[illegible]

TABLE K.

Carcases Inspected and Condemned during the Year 1938.

	Cattle, ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed ...	655	60	3791	8750	10433
Number inspected ...	636	60	1456	6962	10420
<i>All diseases except Tuberculosis</i> Whole carcasses condemned	—	—	—	3	5
Carcases of which some part or organ was condemned	79	21	—	76	410
Percentage of the number inspected affected with disease other than tuber- culosis ...	12.42	35	Nil.	1.13	3.98
<i>Tuberculosis only.</i> Whole carcasses condemned	3	2	—	—	16
Carcases of which some part or organ was condemned	41	15	—	—	435
Percentage of the number inspected affected with tuberculosis ...	6.92	28.33	Nil	Nil	4.33

PART II.

PORT HEALTH.

PORT MEDICAL OFFICER'S REPORT (Abridged).

The Medical Officer of Health for the Borough is also Port Medical Officer. Dr. G. Chesney, who holds the Certificate of the London School of Tropical Medicine, is Deputy Port Medical Officer, and these are assisted by Mr. P. W. Wheeler, Cert. R.S.I., M.S.I.A., Sanitary Inspector, who is also Sanitary Inspector for the Port. Close co-operation exists between the Officers of H.M. Customs, the Harbour Master, and the Medical Officer's Department.

Year.	Incoming Vessels.	Tonnage.	Average Tonnage.
1931	1139	255675	225
1932	1197	253730	212
1933	1169	272042	233
1934	1194	280882	235
1935	1226	266167	217
1936	1291	289524	224
1937	1269	295561	233
1928	1304	297969	229

I. Amount of Shipping entering the Port during the year 1938.

TABLE A.

Class	Number	Tonnage	Number Inspected		Number reported to be defective	Number of vessels on which defects were remedied	Number of Vessels reported, as having or having had, during the voyage, infectious disease on board	
			By the Medical Officer	By the Sanitary Inspector				
FOREIGN	Steamers	40	17192	6	38	1	1	—
	•Motor	90	13865	2	18	—	—	—
	Sailing	—	—	—	—	—	—	—
	Fishing	—	—	—	—	—	—	—
	Yachts	85	1860	—	16	—	—	—
Total Foreign		205	32917	8	72	1	1	—
COAST- WISE	Steamers	481	170935	11	133	3	2	—
	•Motor	611	93399	7	41	—	—	—
	Sailing	7	718	—	—	—	—	—
	Fishing	—	—	—	—	—	—	—
	Yachts	—	—	—	56	—	—	—
Total Coastwise :		1099	265052	18	230	3	2	—
Total Foreign and Coastwise :		1304	297969	26	302	4	3	—

* Includes mechanically propelled vessels other than steamers.

II. *Character of Trade of the Port.*

(a) *Passenger Traffic.* There is a passenger service running between Poole, the Channel Islands, St. Malo and Cherbourg. Apart from this, the passenger services are local, communicating between the Isle of Wight, Bournemouth, Poole, Swanage and Weymouth.

TABLE B.
Passenger Traffic during 1938.

No. of Passengers.	Yachts' Guests	Excursionists	French Onion Sellers
INWARDS : France and Channel Islands	—	3531	—
OUTWARDS : France and Channel Islands	—	3516	—
Other Overseas Countries	—	1	—

The Onion-men return to their homes *via* either Southampton or Weymouth.

Poole is not an "Approved Port" for the purpose of control of transmigrants.

(b) *Cargo Traffic.* Imports from abroad were chiefly timber, oil, stone, slates, building materials, asbestos, onions, fertilisers, pyrites, paper pulp, and general cargoes, and by coastal traffic, coal, cement, oil, petrol, stone, basic slag, sugar, potatoes, grain and general cargoes.

Exports were chiefly clay, plaster, gas oil and tar, scrap-iron, and general cargoes.

The bulk of the traffic during the year has been with France, Belgium, Holland, Channel Islands, Scandinavian and Baltic Ports, in addition to English and Scottish Ports generally.

III. *Source of Water Supply.*

The water supply available for the port and shipping is that of the town mains, which carry a chlorinated water of high bacterial purity from deep wells in the Corfe Hills in the vicinity. There are no water boats in use in the harbour.

IV. *Port Sanitary Regulations, 1933.*

(1)-(3) *Declarations of Health, etc.* A supply of the appropriate forms is issued to the Harbour Master, the Customs Officers, and the Pilot Office. On this form are full instructions for the guidance of masters of foreign-going ships for the use of wireless, quarantine signals, or otherwise, with location of quarantine anchorage.

This form is usually delivered to the Boarding Officer of H.M. Customs, who passes it to the Port Medical Officer.

(4) *Mooring Stations.* As the Port of Poole has no enclosed docks, an agreement has been come to between the Port Health Authority, the Harbour Master, and H.M. Customs, by

which the conditions of Article 10 have been provisionally met by the establishment of a mooring station, where a ship can be moored without coming into contact with other ships or the shore, at a point in the Main Channel, half-way between Parkstone Shoal Light Buoy and Stakes Buoy, just clear of shipping.

(5)-(6) Articles 14-16. Occasion has not arisen for the application of these Articles, but arrangements and forms are in force for their operation when necessary.

(7) (a) *Arrangements for Shore Control and Prevention of Infectious Disease.* H.M. Customs and Harbour Master are in telephonic communication with the Port Medical Department. Poole is not an "Approved Port" under the Aliens Order, 1920, and special premises for medical examination have not been provided in proximity to any landing stage. Medical examination rooms and waiting rooms with suitable sanitary annexes, including bath facilities, are available at all times within five minutes of the quayside.

(b) *Cleansing and disinfection of ships, persons, clothing, and other articles.* For ships' quarters, the formaldehyde spray method is in use. The Port Health Authority has an agreement with the local Sanitary Authority for the use of the Borough Isolation Hospital as Disinfecting and Disinfestation Station. The steam disinfector available there is of the Washington Lyon jacket type, working to 40 lbs. pressure per square inch, manufactured by Manlove, Alliott & Co., Nottingham. At this Hospital, also, a block, with reception, bath, and discharging rooms, is provided, while clothing, etc., are treated by steam disinfection.

Five whole-time employees skilled in methods of disinfection are available on emergency, with equipment for formaldehyde and sulphur vapour treatment of quarters and articles not suitable for treatment by steam.

(c) *Isolation of Contacts.* Accommodation is provided by the local Sanitary Authority, by agreement, at the Baiter Isolation Hospital, Baiter Peninsula, in the Harbour, for the temporary accommodation of persons for whom such is required for the purposes of the Regulations.

(d) The Port Health Authority makes use of the two Hospitals above-mentioned belonging to the local Sanitary Authority, the Borough Isolation Hospital, Ringwood Road, Upper Parkstone, receiving ordinary notifiable cases of infectious disease, Baiter Hospital being reserved for Plague, Cholera, Yellow Fever, Smallpox, and Typhus.

(e) *Ambulance Transport.* Two motor ambulances, maintained at the Borough Isolation Hospital, and in telephonic communication, are available. These two ambulances can take, at

one journey, 3 lying-down and 4 sitting-up cases, in addition to drivers and nurses or attendants.

(f) *Supervision of Contacts.* See (5) and (6), and (7) (e), above. A twin prepaid postcard is provided for issue to contacts franked for disembarkation, to allow of notification of change of address if within 14 days of disembarkation.

(8) and (9). *Arrangements for bacteriological examination of rats and other material.* The Port Medical Officer is also Director of the Public Health Laboratories of the Sanitary Authority, where facilities exist for all routine and special examinations of bacteriological or pathological significance. The Laboratories are central, and in direct telephone communication.

(10) *Arrangements for diagnosis and treatment of Venereal Disease among Sailors under International Agreements.* Under the International Agreement regarding Venereal Diseases, suitable notices are available for all crews arriving in the Port, being issued to the Captain at first call. The Port Medical Officer is available for emergency advice. The local treatment centre is at the Victoria and West Hants Hospital, Boscombe, and to this all suitable cases are directed, with printed guidance. If an affected sailor is in port only for a very short time he is advised as to the site of the Centre at his next port of call. Three seamen applied for treatment under this agreement, and were directed to the local treatment centre.

(11) *Interment of Dead.* The same procedure is in force as holds for hospitalised infectious diseases, generally, viz., removal to place or interment in sealed coffin direct from ward or mortuary.

(12) *Other Matters.* No cases of infectious sickness were landed from vessels during the year, and no cases occurred of a vessel having such sickness on board during a voyage to the Port.

V. *Measures against Rodents.*

Application has been made to the Ministry of Health for approval of the Port for the issue of Deratisation and Exemption Certificates under Article 28 of the International Sanitary Convention, 1926, but has not been granted.

(1) *Steps taken for detection of rodent plague.* Vessels are inspected on arrival, the Master being interrogated. Periodical inspection of wharves, warehouses, etc., is made in the course of routine duties by the Sanitary Inspector and one of the Authority's ratters.

(2) *Measures taken to prevent passage of rats between ships and shore.* Zinc hawser baffles are maintained in store for this purpose.

(3) *Methods of Deratisation of*

(a) *Ships.* Sulphur dioxide fumigation is used.

(b) *Premises in vicinity of docks or quays.* Red

squills, phosphorus, etc., are used, in accordance with the experience gained as to suitability of bait. In this respect, see General Public Health Section.

(4) *Measures taken for the detection of rat prevalence in ships and on shore.* Detritus from gnawing, and rat excreta, are searched for in suitable places during periodical inspections.

(5) *Ratproofing.*

(a) Many of the quayside warehouses are of old standing, and, were there any considerable trade in consumable material attractive to rodents, some difficulty might be experienced in keeping down the rat population. On the other hand, a new set of transit sheds, operating on some 520 feet of additional berthing are constructed on most up-to-date lines, and are as nearly as possible rat-proof.

Moreover, the trade of the Port is not such as to encourage the prevalence of rats. No ships were found to harbour rats, and Table F below gives particulars of rats recovered from warehouses.

TABLE F.
RATS DESTROYED DURING 1938.
IN DOCKS, QUAYS, WHARVES AND WAREHOUSES.

Number of Rats.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Black ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Brown ...	—	—	6	—	—	—	—	—	—	6	4	—	16
Examined ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Infected ...	—	—	—	—	—	—	—	—	—	—	—	—	—

Tables G and H (omitted) are under the circumstances "Nil Returns."

VI. *Hygiene of Crews' Spaces.*

TABLE J.
Classification of Nuisances.

Nationality of Vessel.	Number inspected during 1938	Defects of original construction	Structural defects through wear and tear.	Dirt, vermin and other conditions prejudicial to health.
British ...	230	—	3	12
Other Nations	72	—	1	1

VII. (1) *Food Inspection.*

There are no imports of foodstuffs, except the marketing of onions and some potatoes from France.

The Local Sanitary Authority's Analyst is available for examinations and reports, in addition to the local Public Health Laboratory service.

(2) *Shellfish.*

The Close Season for oyster dredging extends from 15th May to 30th September. The same conditions, however, which limited the useful dredging for trade purposes in 1937, remained in 1938, and no oysters have been dredged.

The Southern Sea Fisheries District Committee considered the possibility of restocking some of the oyster grounds, and the Chief Fishery Officer in his reports during the year, observed as follows :—

20th January, 1938. " I regret to report that the oyster beds are badly infested with slipper limpets. No oysters have been dredged."

14th April, 1938. " Throughout the whole of the District the oyster grounds are now almost unworkable owing to the great increase of slipper limpets.

21st June, 1938. " All the oyster grounds are badly infested with slipper limpets.

PART III.

MATERNITY & CHILD WELFARE.

ORGANISATION.

The Medical Officer of Health is also Medical Officer for Maternity and Child Welfare. He is assisted by Dr. G. Chesney, Deputy Medical Officer of Health, and six full-time Health Visitor-School Nurses, who work on the district allotted to each, visiting the newly-born and children up to five years of age, giving advice to mothers and expectant mothers, and referring them, when necessary, for medical advice either to a practitioner or to a Clinic or Centre.

Clinics are held at the Municipal Clinic, Market Street, Poole, on Mondays, at 4 p.m., and on Thursdays at 11 a.m.; at Creekmoor Church Hall, Broadstone, on Tuesdays at 2 p.m., and at the Branksome Council Buildings on Tuesdays and Fridays at 2 p.m., where expectant mothers, nursing mothers and their children, who for one reason or another do not attend either a family doctor or the Voluntary Association Centres, can interview the Medical Officer. The Health Visitors and voluntary workers assist.

These Clinics, in conjunction with the home-visiting by Health Visitors, form a focus of investigation and assistance, which leads in suitable cases to :—

- (a) reference to a general practitioner, the out-patient department of a Hospital, Dispensary, or a Voluntary Centre ;
- (b) the issue of milk or dried milk—free or at reduced rate, either for mother or baby ;
- (c) admission to the maternity ward of Cornelia Hospital for some ascertained or expected complication of pregnancy, or occasionally where normal confinement cannot, from lack of suitable accommodation, be safely carried out at home ;
- (d) admission to the infants' ward at Cornelia Hospital in suitable cases of debility, wasting, etc. ;
- (e) admission to the Isolation Hospital in suitable cases of Puerperal Sepsis or Pyrexia, Ophthalmia Neonatorum, Measles complicated by Bronchitis, etc.

The ante-natal side of this work is closely co-ordinated with the Obstetrical and Gynaecological Clinics of Cornelia Hospital, where also is the Hospital Ante-natal Clinic and the Maternity Ward.

Acting in close co-operation with the Health Department, the Borough of Poole Maternity and Child Welfare Association, formerly

the Poole Mothers' Association—an old established body of voluntary workers—is a valuable asset in the advancement of health in the town. It is subsidised by the Borough Council, has the advantage of the services of six local practitioners, and two dental surgeons, and the assistance of the Borough Health Visitors, who, with a salaried Superintendent (S.C.M.) and many voluntary helpers, distribute their energies over five centres and Schools for Mothers, in the Poole, Longfleet, Newtown, Branksome and Heatherlands districts.

Particulars of the facilities are posted up, by arrangement with the Postmaster General, in the local Post Offices, and also in other meeting places and institutions.

WORK DONE UNDER THE BOROUGH SCHEME.

(1) *Home Visiting*.—The Health Visitors, and the Medical Officer where considered necessary, have paid 463 visits of advice to expectant mothers, and 15,824 visits to infants and children under school age.

(2) *Ante-Natal, Post-Natal and Child Welfare Clinics*.—The Medical Officer or the Deputy Medical Officer personally attends all clinics. At these, advice, and where advisable treatment have been given or arranged for mothers, including 180 expectant mothers.

Of the total attendances at all clinics and centres of 16,795, 9,311 were by 664 children under 1 year, and 7,484 by 964 over 1 year, and of the total visits paid to homes, 5,340 were on account of those under and 10,484 for those over one year of age. This last figure represents an increase of 3,490 visits to the 'over.'

In the ante-natal care of mothers, examination of urine is made during the last three months. 41 such examinations were made in all.

Records of blood-pressure may also be kept, as an adjunct in anticipating possible complications.

There is established at Cornelia Hospital in co-operation, on Thursday afternoons, an ante-natal and post-natal clinic, at which the mothers who are waiting admission to the Maternity Ward under the Scheme meet, and are examined and kept under observation by, the Obstetrician who will attend them during their stay in the Ward, and keep in touch with them post-natally, if required.

The Hospital records show that of 266 expectant mothers of the Borough attending the Hospital Ante-Natal Clinic, ultimately 99 of those referred under the Borough Scheme passed through the Maternity Ward, and 115 of the total made post-natal attendances. The total number attending ante-natally was an increase of 83 on 1937, and post-natally, an increase of 63.

(3) *Issues of Milk and Dried Milk.*—In certain cases and under close supervision, dried milk is sold at cost price for use of infants where for definite reasons the mother's milk is not available, or where the seasonal conditions render ordinary cow's milk undesirable. This part of the Scheme is self-supporting, but no profit accrues.

Milk at reduced rates, or free issues of milk, are allowed, for medical reasons only—in most cases to the amount of one pint per individual per day—where the household income does not exceed a sliding scale approved of by the Ministry of Health. It has been granted, usually in four-weekly periods and renewable, in 209 cases, a decrease of 11 on 1937.

In some cases the issues commenced with those expecting to become mothers within three months, or with mothers nursing their infants whose breast milk showed signs of insufficiency.

In suitable cases the milk was continued for the direct benefit of the infant, where for an ascertained reason the mother's milk was not available or suitable, and in a selected few the issue was carried into the second year, where home conditions were handicapping the child.

(4) *Hospital Services for Maternity and its Complications.*—Accommodation is provided at Cornelia General Hospital and at the Borough Isolation Hospital (for Puerperal cases).

In 1938, 99 maternity cases were admitted, as compared with 72 in 1937. 84 of the cases presented abnormality and 7 Caesarean operations were carried out.

(5) *Hospital Treatment under Child Welfare Scheme.*—8 infants have received attention as in-patients in hospital. Details are to be found opposite.

HOSPITAL ADMISSIONS.

Maternity.

Maternity.									
No.	Cause.	No. of Deliveries.		Deaths.				Abortions.	
				Maternal.	Infantile.		Stillbirths. M. F.		
		M.	F.		M.	F.			
2	Marked varix	1	1	—	—	—	—	—	
10	Albuminuria, Hyperemesis or Pre-eclamptic Toxaemia	3	7	—	—	—	2	—	
9	Contracted Pelvis	5	4	—	—	—	—	—	
25	Previous concurrent illness or complications	14	12	—	1	2	—	—	
6	Concurrent illness	3	3	1	—	—	—	—	
2	Threatened Ante-partum Hæmorrhage	1	1	—	—	—	—	—	
3	Uterine Inertia	1	2	—	—	—	—	—	
7	Caesarean section indicated	5	1	1	1	1	—	—	
6	Abnormal Presentation	4	2	—	—	—	1	1	
2	Elderly Primiparae	—	2	—	—	—	—	—	
1	Placenta Praevia	—	1	—	—	—	1	—	
11	Expected complication	5	6	—	—	—	—	—	
6	Accommodation, Multiparae	4	2	—	1	—	—	—	
9	Accommodation, Primiparae	6	3	—	—	—	—	—	
99		52	47	2	3	3	4	1	

HOSPITAL ADMISSIONS—(contd.)

Infants.

Provisional Diagnosis.	Discharged			Remaining in Hospital.	Died.	Total.
	In Good Health	Improved	No Im- provement			
Marasmus, Nutritional	1	3	—	—	1	5
Enteritis and Dehydration	1	—	—	—	—	1
Ophthalmia	2	—	—	—	—	2
	4	3	—	—	1	8

MEMORANDUM 1550.

WELFARE OF CHILDREN UNDER SCHOOL AGE.

An attempt was made at the end of 1935 to introduce a system of medical overhaul of the "toddler," on a purely voluntary basis, at the centres and clinics of the Borough. For this the ordinary record cards of the School Medical Service are used, so that, as much as possible, continuity of effort may result. The endeavour was to have each child thoroughly examined, in the meantime, once a year, concentrating on the younger ones from 1 to 3 years to minimise, if possible, the incidence of the defects which are already found well advanced in the "entrance" examination of the five-year-old.

The numbers examined so far have been :—In 1935, 58 ; in 1936, 245 ; in 1937, 136 ; and in 1938, 112, and, where appropriate, children were referred for special treatment.

The figures for 1937 and 1938 represent work done at the Voluntary Centres only. Municipally, the time given to this work must of necessity be intermittent and uncertain, and it was not found possible to continue these examinations during 1938. Systematic examination and following-up, on anything approaching a desirable scale, must wait until the Council can see their way to appoint a second Assistant Medical Officer, part of whose time would be allocated to this particular work.

All health visitors are expected to give as much attention at their visits to the young child between 1 and 5 years as is compatible with suitable observation of the baby.

There are approximately 3,000 children over one year embraced in the municipal child welfare activities. Of these, 964 have attended the clinics or centres, making 7,484 attendances, an average of nearly eight times in the year.

ORTHOPAEDIC SCHEME.

The Orthopaedic Scheme of the Borough to cover both the School Medical and the Child Welfare Services came into force during 1935. The scheme has got well into stride. The whole elementary school population has been sifted, and, except in a few cases where parents were not agreeable or preferred to make private arrangements, the defects are being treated, to the number at the end of the year of 178, of which 42 came under treatment during 1938.

As the prevention of crippling is the aim, the endeavour is to get the child under suitable supervision at the earliest practical age. Since July, 1935, 70 children under school age have come under the Scheme :

Type of Defect.	Under treatment in 1937	Added during 1938	Completed treatment left district or transferred to Sch. Med. Scheme.	Under treatment at end of 1938
Congenital defect ...	4	3	5	2
Traumatic deformity	1	—	—	1
Rachitic deformity ...	12	7	3	16
Paralytic deformity ...	3	2	—	5
Postural defect ...	30	7	9	28
Other bone diseases ...	—	—	—	—
	50	19	17	52

Twelve of the above received in-patient treatment during 1938, 7 came off the list with treatment completed, 4 were transferred to the School Medical Service on reaching school age, and 6 left the district.

PREVENTION AND TREATMENT OF VENEREAL DISEASES.

Congenital Syphilis.

In April, 1935, Circular 1474 of the Ministry of Health emphasised the importance of securing, in the fullest measure, the services locally available. The County Scheme includes out-patient and in-patient treatment at Boscombe Hospital. It also allows of the payment of travelling expenses to and from the Hospital in approved cases. This service has been taken advantage of for some years with controlled efficiency, as it has been possible to arrange with the County Council to recoup the expenses via the municipal maternity and child welfare clinics, and to continue this control through the School Medical Service.

OPHTHALMIA NEONATORUM.

Two cases were notified. Neither was confirmed as due to gonorrhoeal infection. No damage to eyesight resulted.

MIDWIVES ACTS, 1902-1936.

On October 1st, 1930, the Council became the local Super-vising Authority by transfer from the County Council.

With the introduction of the Midwives Act, 1936, it became necessary to submit to the Ministry of Health a scheme for the provision of an adequate Midwifery and Maternity Nursing Service to meet the requirements of the whole Borough.

The Scheme approved by the Ministry of Health included the appointment of a Supervisor and eight Municipal Midwives, and came into force on 1st August, 1937.

The average mother dislikes changes in her nursing attendant, and it takes some time for a scheme such as that above to become assimilated. It was estimated that, in a full year, the Municipal Midwives should deal with 600 cases. In 1938 the total number was 535, 342 being engagements as midwife and 193 as maternity nurse.

By arrangement with the Municipal obstetrical and gynaecological consultant, the ante-natal clinic at Cornelia Hospital was extended in its scope in collaboration with this Midwifery Service. A municipal midwife may refer all primiparae and multiparae of over four births, and any others whom she may consider to require special consideration, to the obstetrical specialist for an examination and report when booked, and again towards full time, or as often as the specialist may consider advisable. The ante-natal report is made in triplicate, one copy being for the Local Authority's record file, and the third being available for the practitioner of choice if one be engaged by the expectant mother concerned, either from her own preference, or because the obstetrical specialist has advised her to do so.

For this antenatal—and also post-natal—examination service, a *per capita* rate of 6/8 per report is paid to the Hospital.

The main purpose of the Midwives Act, 1936, was to raise the standard of midwifery services available in the country, and thereby to reduce maternal mortality, stillbirths and neo-natal deaths.

In the hope that signs of this may appear in the fulness of years, the following table may be considered as providing the basis for framing conclusions.

Year	Total Births	Domiciliary Births.			Institutional Births	Hospital Births under Scheme.	Hospital Emergency Admissions under Scheme	Medical Aid Summons	Maternal Deaths	Neo-Natal Deaths	Still-births
		Midwives	Maternity Nurses	Otherwise							
1933	1018					76	6	75	1	31	48
1934	992					68	15	106	9	27	32
1935	1046				Not Available	71	11	72	6	41	32
1936	1035				Not Available	56	4	78	6	25	38
1937	1049					74	3	114	4	28	39
1938	1065	437	303	86	239	99	14	110	4	32	39

Analysis of the cause of the midwife's summons may also be useful, as giving an indication of the reduction or otherwise of the severity of the emergency.

In 1938, the stated causes were as follows :—

(1) *For the Mother :*

Miscarriage	...	...	...	...	4
Ruptured perineum	...	...	...	...	36
Excessive haemorrhage	...	...	...	...	12
Delayed second stage	...	...	...	...	15
Rigid perineum	...	...	...	...	2
Uterine inertia	...	...	...	...	2
Delay in twins	...	...	...	...	2
Retained placenta	...	...	...	...	2
Hyperemesis	...	...	...	...	2
Severe haemorrhoids	...	...	...	...	2
Mastitis	...	...	...	...	1
Phlebitis	...	...	...	...	3
Albuminuria	...	...	...	...	2
Oedema of limbs	...	...	...	...	1
P.U.O.	...	...	...	...	3
					— 102

(2) *For the Infant.*

Prematurity	...	...	...	...	2
Stillbirth	...	...	...	...	2
Ophthalmia	...	...	...	...	2
Melaena	...	...	...	...	1
Cephal haematoma	...	...	...	...	1
					— 8
					110

Doctor's claims amounting to £56/9/0 were paid, the amount in 1937 being £80/19/0.

There were at the end of 1938, 29 midwives on the practising roll, distributed as follows :—

Municipal Midwives	...	...	...	...	9
Living in and practising within the Borough	...				7
Living outside, and practising within the Borough					4
Living and practising in Institutions in the Borough					9
					— 29

Mr. Gordon Luker, the Municipal Obstetrical Consultant, gave a second Short Refresher Course of four lectures and demonstrations to practising midwives, in which 11 midwives took part, and which was greatly appreciated.

CHILDREN AND YOUNG PERSONS.
(PUBLIC HEALTH ACT, 1936).

The duties of supervision of children boarded out with foster mothers were taken over on 1st April, 1930.

With the general supervision of the Medical Officer, each of the six Health Visitors is an authorised Inspector under the Act, and their work under this Act is closely associated with that carried out for the Maternity and Child Welfare Scheme generally, many of the foster mothers making regular attendance at either clinic or a voluntary Centre.

There were 80 foster children on the Register at the end of the year, in the care of 60 foster mothers. 465 visits were paid to these by the Inspectors.

NURSING HOMES REGISTRATION ACT, 1927.

The work of supervision under this Act was transferred to the Borough from the County Council on April 1st, 1930.

There are 13 Institutions on the Register, one being exempt and 12 subject to supervision, of which latter 2 are classed also as Maternity Homes. These are in charge of qualified midwives subject to supervision under the Midwives Acts.

PREVENTION OF MATERNAL MORTALITY AND MORBIDITY.

MATERNAL MORTALITY, 1921-1938.

Year	Total Births including Stillbirths.	Deaths per 1,000 births from			
		Puerperal Fever		Other Accidents	
		No.	Rate	No.	Rate
1921	973	1	1.03	1	1.03
1922	908	1	1.10	3	3.30
1923	881	0	—	2	2.27
1924	852	1	1.17	5	5.87
1925	878	3	3.39	3	3.39
1926	905	0	—	3	3.31
1927	923	0	—	0	—
1928	945	1	1.06	7	7.41
1929	941	1	1.06	4	4.25
1930	976	2	2.05	3	3.08
1931	942	1	1.06	6	6.37
1932	920	1	1.09	0	—
1933	1018	0	—	1	0.89
1934	992	3	3.02	6	6.04
1935	1046	3	2.94	3	2.94
1936	1035	1	0.97	5	4.85
1937	1049	1	0.95	3	2.86
1938	1065	1	0.94	3	2.82

It will be seen from the table that the year 1938 has given us one death from puerperal septicaemia and 3 from other causes associated with pregnancy. Each has been the subject of a special report to the Chief Medical Officer of the Ministry of Health. Three of the deaths occurred in hospital, and one at home, the three associated deaths being attributed to mitral stenosis, post-partum haemorrhage, and ectopic gestation respectively.

The mortality rate is 3.76, compared with the figure for England of 2.91.

PREVENTION OF NEO-NATAL MORTALITY.

Deaths under 1 year of age can be usefully divided into two groups—those under four weeks (the neo-natal deaths), and the rest.

For recent years, the following table summarises the position with regard to the former group.

Year.	Neo-Natal Deaths attributed to					Annual Rate per 1,000 live births	Rate per five- year per- iod.	Annual Infant Death Rate per 1,000 live births	Rate per five year per- iod.
	Antenatal Causes.		Postnatal Causes.		Total				
	No.	%	No.	%					
1919	23	82	5	18	28	36.4	39.2	62.0	70.1
1920	35	83	7	17	42	42.0		75.0	
1921	41	89	5	11	46	48.4		73.6	
1922	27	82	6	18	33	38.2		79.7	
1923	23	88	3	12	26	30.8		60.0	
1924	27	82	6	18	33	43.0	33.5	66.3	60.0
1925	22	81	5	19	27	30.3		71.7	
1926	24	92	2	8	26	30.2		53.4	
1927	30	97	1	3	31	33.5		58.1	
1928	26	93	2	7	28	30.6		50.2	
1929	20	71	8	29	28	30.9	29.0	46.3	49.7
1930	32	97	1	3	33	35.1		57.6	
1931	14	87.5	2	12.5	16	17.7		43.2	
1932	24	92	2	8	26	29.3		55.2	
1933	29	94	2	6	31	32.0		46.4	
1934	25	92.5	2	7.5	27	28.0	30.7	44.1	47.6
1935	37	90	4	10.0	41	41.5		44.4	
1936	23	92	2	8	25	25.1		51.2	
1937	26	92	2	8	28	27.7		45.6	
1938	27	84.5	5	15.5	32	31.2		50.0	

The five-yearly rate columns above indicate that the neonatal mortality is decreasing more slowly than the total infant mortality. The operation of the Midwives Act, 1936, will, in this respect, be watched with interest, from year to year.

VOLUNTARY WORK.

The Borough of Poole Maternity and Child Welfare Association, The workers of this Association, which is subsidised by the Borough, and is under the guidance of the Medical Officer and the Health Visitors, with six practitioners giving their services voluntarily, continues to give most valuable support to the aims of the Municipal Scheme. It is now in the 29th year of its activities, and is one of the pioneers of this work in the country.

The activities of the Association include a Maternity Provident Club, Savings Bank, Dental Club, sale of children's garments, and loan of sick room requisites, bed linen, packs, etc.

Hants and Dorset Babies' Home and Nursery Training School. Reference has already been made to this Institution in the Public Health Section of the Report. It has a capacity of 23 cots, and 18 infants were admitted during the year. Of these, 6 were the children of mothers belonging to the Borough.

Red Cross Children's War Memorial Hospital, Swanage. Six young children belonging to Poole had the benefit of this Hospital.

IMMUNISATION AGAINST DIPHTHERIA.

This Public Health Preventive Service operates amongst the infants and children under school age, as it does for the older elements in the population.

The ultimate aim is to secure that at least 35 per cent. of the infants of the Borough are protected against the invasion of this treacherous and death-dealing disease when they reach the age of one year.

By gradually getting this age group younger and younger until the whole are found in the "one year olds" we will be also approaching the position in which we should be reasonably able to say that we have saved ourselves for the future from the risk of epidemic of one of those banes of early childhood against which we are all now redoubling our energies, viz., Diphtheria, Whooping Cough and Measles.

As a step in this direction, 347 of those protected during the year were under 5 years of age, compared with 304 in 1937, and a special letter which is sent to the parent of every child when that child reaches one year is having a useful effect.

INFANTILE MORTALITY.

In 1938 the total number of infants dying under one year of age was 51, in 1026 live births, giving a mortality rate of 50.0 per 1,000 born. For a partly industrial centre, this may be con-

sidered a satisfactory figure, the rate for England and Wales as a whole being 53, and for the larger towns of the country, among which Poole is classed, 57.

Examination of the cause of death (see Table C) as certified by the medical attendant in each case, shows that 31 of the 51 were directly or indirectly due to some ante-natal cause affecting the mother, which prevented the child from entering the world with a fair chance to survive. In the previous year there were 30 such out of 46.

There were also 39 stillbirths not included in the above figures, and these have to be added to the toll of infant lives sacrificed to abnormal ante-natal maternal conditions, so that altogether 70 potential lives were lost on this account, as compared with 69 in 1937.

32 or 61 per cent. of the infants who died did not survive one month, and are described as neo-natal deaths. 27 of this 32 died from ante-natal causes and 24 were under one week at the time of death.

An endeavour has been made to obtain some information regarding causal factors in the 39 stillbirths reported, a "confidential" letter being sent to the signatory to the notification in each case, and the information filed.

DEATHS OF CHILDREN FROM 1—5 YEARS.

I repeat on page 15 a comparative table which shows from year to year the proportion of deaths of infants under 1 year and of children under school age. It will be seen that the reduction in loss of infant life, as indicated by the gradual fall in the percentage of infant deaths compared with the total deaths, is not, as some critics would assert, merely a postponement of death into the second year of life. The reduction on the percentage loss of "toddlers" over the period reviewed is greater than that achieved for infants, which goes to show that to whatever causes the improvement in the infant's chance of life is due, these are sufficiently sound to gain enhanced effect as the child grows older. It is not too bold a claim to assert that Maternity and Child Welfare Work is one of these causes.

Year	Popula- tion.	Live Births	Deaths under 1 year	Per cent. of Total Deaths	Deaths 1—5 years	Mean Deaths 1—5 by four- yearly groups.	Per cent. of Total Deaths	Deaths over 5 years	Per cent. of Total Deaths	Total Deaths
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1907	32518	895	68	16.3				316	75.8	417
1908	33217	880	87	19.4	43			318	71.0	448
1909	33524	933	83	17.8	40			343	73.8	468
1910	34168	884	73	16.8	43			318	73.3	434
1911	39102	936	118	21.6	45	42.75	9.0	384	70.2	547
1912	40386	918	81	17.7	28	39.00	8.2	348	76.1	457
1913	41066	910	75	16.6	23	34.75	7.4	354	78.3	452
1914	41889	883	68	14.1	38	33.50	6.9	375	77.9	481
1915	42800	812	76	14.6	38	31.75	6.6	406	78.1	520
1916	42331	840	64	12.0	43	35.50	7.1	428	80.0	535
1917	42335	690	58	11.0	40	39.75	7.7	432	81.5	530
1918	43829	680	55	9.4	36	39.25	7.2	491	84.4	582
1919	41100	769	48	9.1	21	35.00	6.4	458	87.0	527
1920	43400	1024	77	16.4	13	27.50	5.2	381	80.9	471
1921	43649	951	70	13.4	9	19.75	3.8	442	84.8	521
1922	43250	865	69	11.1	32	18.75	3.5	522	84.1	623
1923	43860	845	51	9.8	18	18.00	3.4	454	86.8	523
1924	45150	814	54	10.3	21	20.00	3.9	450	85.7	525
1925	46150	837	60	11.1	20	22.75	4.2	462	85.2	542
1926	49150	861	46	8.3	11	17.50	3.2	496	88.7	553
1927	51030	895	52	8.3	9	15.25	2.4	567	90.3	628
1928	52940	916	46	7.4	22	15.50	2.5	553	89.1	621
1929	53870	905	42	5.9	27	17.25	2.4	640	90.5	709
1930	56150	939	54	7.9	19	19.25	2.8	623	89.5	696
1931	56780	902	39	5.5	23	22.75	3.2	647	91.3	709
1932	58230	887	49	7.2	21	22.50	2.1	612	89.7	682
1933	63510	970	45	6.0	12	18.75	1.6	687	92.3	744
1934	64380	960	39	5.3	9	16.25	1.2	691	93.5	739
1935	65600	1014	45	5.9	12	13.50	1.6	709	92.5	766
1936	66820	997	51	6.3	20	13.25	2.5	736	91.2	807
1937	67990	1010	46	5.6	9	12.50	1.1	769	93.3	824
1938	68860	1026	51	6.5	16	14.25	2.0	724	91.5	791



PART IV.

SCHOOL MEDICAL SERVICE.

I. STAFF AND SCHOOLS.

School Medical Officer	...	R. J. MAULE HORNE, M.A. (HONS.), M.B., CH.B., B.Sc., D.P.H.
Asst. School Medical Officer		G. CHESNEY, M.D., B.Ch., B.A.O., D.P.H.
Ophthalmic Surgeon	...	T. R. AYNLEY, M.B., B.S., D.O.M.S.
Ear, Nose and Throat Surgeons		A. M. ROSS, M.D., D.L.O., appointed 1/1/38. C. R. SALKELD, B.A., B.M., B.Ch., F.R.C.S., appointed 1/1/38.
Orthopaedic Surgeon	...	N. ROSS SMITH, M.B., CH.M., F.R.C.S.
Radiologist	...	D. D. MALPAS, M.R.C.S., L.R.C.P.
Anaesthetist	...	J. C. A. NORMAN, M.R.C.S., L.R.C.P.
Dental Surgeons	...	L. B. MYERS, M.B.E., L.D.S. R. G. S. HOLMES, L.D.S.
School Nurses and Health Visitors	...	MISS A. L. HOOPER. MISS L. B. LEVER. MISS E. M. MANSELL. MRS. H. I. PARTRIDGE. MISS I. SMURTHWAITE, MISS B. A. SYDENHAM.
Chief Clerk	...	F. B. EDWARDS.
Clerk	...	MISS K. D. CODD.

At 1st April, 1938, there were in the Borough 16 Public Elementary Schools under the control of the Local Education Authority with a total of 27 departments and accommodation for 7,849 children. For the year ending 31st March, 1938, the number of names on the register was 7,412 and the average attendance was 6,674.

Of the 16 Public Elementary Schools, 9 were Council Schools, with 15 departments and accommodation for 5,035 children and 7 were non-provided schools, with 12 departments and accommodation for 2,814 children.

On 15th October, 1938, a new Senior Council School at Rossmore was opened, providing accommodation for 480 boys and 480 girls of the age of 11 and upwards and all children in this age-group have been transferred from the following schools:—Branksome Heath, Heatherlands, Courthill, Martin Road, St. Aldhelm's, Parkstone C. of E., and Rossmore R.C.

The Russell-Cotes Nautical School, an elementary school under the control of the Local Education Committee, with accommodation for 86 boys, is situated within the Borough, but being

a special school having its own Medical Officer, it does not appear in the figures relating to the School Medical Service proper.

There are in addition 20 private schools, and a survey regarding their accommodation, average number of scholars, age groups, and hygienic conditions has been carried out.

In Table VII. is given the list of schools under the Local Education Authority, with recognised accommodation and statistics of attendance.

II. CO-ORDINATION.

The fact that the School Medical Officer is at the same time Medical Officer of Health, in charge of the Borough's Maternity and Child Welfare Scheme, and Medical Superintendent of the Borough Isolation Hospitals, admits a unification of control, a continuity of effort, and a possibility of "following-up" which becomes more difficult of achievement in a community of larger numbers.

A School Medical Service is firstly preventive, secondly advisory, and thirdly remedial. In its preventive aspect, its function is to keep healthy children well, and to safeguard them where possible from unhealthy contact. In its advisory aspect, its function is to detect incipient or unrecognised ill-health in the school child, and to direct it to its proper curative guide, the family doctor. The remedial aspect takes shape in two forms—(a) to deal with such minor ailments as do not in themselves demand a doctor's services, but which, if left uncontrolled, may ultimately become more serious, to the detriment of educational progress, and (b) to organise a scheme of treatment for defects of a more specialised nature, which, though requiring expenditure prohibitive in many individual cases, yet when so organised can be economically brought within the reach of all whose health would benefit by its application.

As being special in nature, the defects require specialised treatment, hence the co-operation in the scheme of the services of the local specialist in each sphere—the Eye, the Ear, Nose and Throat, the X-Ray, the Orthopaedic and the Dental Specialist.

To carry the service into effect in as complete a manner as possible, the work is sub-divided into :—

- (1) Routine and Special Inspections by the School Medical Officer, with School Nurse and clerical assistance.
- (2) Class-by-class inspections by School Nurses.
- (3) Clinics for advice and treatment.
- (4) Following-up.

Medical Inspections. To systematise this work, all children at entrance and at fixed age periods in their curriculum are medically examined. Parents are in all cases invited to be present. Children who are found to have some definite defect or defects are scheduled as "specials" for re-examination periodically, unless in the

meantime the defects which can be so corrected have been attended to either by the parent's arrangements with the family doctor, or by means of the School Clinic system in operation.

These medical inspections apply at present to Elementary Schools only.

Class-by-class Inspections. The School Nurses visit schools periodically for the purpose of making rapid surveys of general scope, such as personal cleanliness, to detect undesirable, contagious or possibly infectious conditions, and to act generally in co-operation with the School Staff in preserving the general health tone of the Schools.

Clinics. Facilities for advice and treatment are provided as follows :—

(a) *Minor Ailments Clinics.*

- (i) The Old Council Buildings, 67 Market Street, Poole. Each school day at 9 a.m.
- (ii) Branksome Council Buildings, Shillito Road, Parkstone. Each school day at 9 a.m.

Every child sent to the clinic by General Practitioner, by School Teacher, by School Attendance Officer, or by the parent, is seen by the School Medical Officer, who determines whether each is a suitable case for clinic treatment, and if so, arranges for treatment accordingly. If the defect is of a special nature, calling for the services of a specialist, the child in course receives attention at one of the following operative clinics :—

- (b) *Dental Clinics*
 - (i) The School Clinic, 67 Market Street, Poole. Wednesdays and Fridays at 2 p.m.
 - (ii) The School Clinic, Shillito Road, Parkstone. Mondays and Thursdays at 2 p.m.
- (c) *Eye Clinic.* Municipal Buildings, Park Gates : each Thursday at 2 p.m.
- (d) *Ear, Nose and Throat Clinics* Cornelia Hospital : Mondays at 10.45 a.m., and Tuesdays at 2.30 p.m., with in-patient accommodation for such cases as are considered suitable for treatment in hospital.
- (e) *Orthopaedic Clinic* Cornelia Hospital : each Monday at 2.15 p.m. In-patient accommodation is provided.
- (f) *X-Ray Clinic for Treatment of Ringworm.* Cornelia Hospital : by appointment.

For protection against the dangers of diphtheria, the Public Health Department opened a protection clinic in October, 1929.

This is held on Wednesdays at the Poole Minor Ailment Clinic at 10.30 a.m., and at the Branksome Minor Ailment Clinic at 2.30 p.m.

For the abnormal child—the dull or backward, the deaf and dumb, the blind or partially blind, the cripple, the epileptic, and the mentally defective—the aim is to arrange in suitable cases for admission to a special class, school or institution, where the child's disability may present the minimum of disadvantage to himself, and those around him, and offer the best chance of progress.

A comprehensive orthopaedic scheme, to include within its scope both the school-child and the pre-school child, is in operation in the Borough. As the majority of orthopaedic defects originate in infancy and early childhood, it is evident that an orthopaedic scheme which does not embrace the toddler and the pre-school child would not be in any full sense a preventive measure, and would mean in many cases the postponement of effective treatment until the child was of school age. It is obvious that such a delay would prejudice the ultimate prognosis, and in most cases prolong the necessary course of treatment, thereby increasing the cost of the service. The part of the orthopaedic scheme which relates to school children provides for

- (i) In-patient short-term treatment at Cornelia Hospital;
In-patient long-term treatment at Bath Orthopaedic Hospital;
- (ii) Out-patient treatment at Cornelia Hospital;
- (iii) Following-up.

A Health Visitor who is also a School Nurse is attached to the Orthopaedic Clinic, and acts as liaison officer between the School Medical Service, the Child Welfare Service, and the Hospital Orthopaedic Staff.

III. SCHOOL HYGIENE.

The year 1938 was marked by the completion of the Kemp-Welch School, the first Senior School in the Borough. The school has been named after a prominent local educational pioneer of the 19th century—Martin Kemp-Welch, and the opening ceremony was performed on the 15th October by Sir Cyril Norwood, M.A., D.Lit.

The Headmaster records—

“The erection of this new Senior School marks the initial step towards the completion of a progressive scheme of re-organised elementary education in the Borough. By concentrating all senior scholars from a wide area in Senior Schools, it is possible to provide economically a more practical type of education than can be provided under existing conditions.

The School is equipped with all the necessary facilities for framing curricula containing ample opportunities for practical work, and closely related to living interests. There are large assembly halls, science laboratories, history and geography rooms, and special practical rooms providing adequate scope for all forms of specialised training in arts and crafts, woodwork and metalwork, cookery, laundry, housewifery and rural science and gardening.

The school is to enjoy the advantages of modern aids to facilitate instruction, particularly in the use of an excellent projector capable of showing both silent and sound films, and classroom amplifiers for the reception of wireless broadcasts and gramophone reproductions.

Games of all kinds are our national heritage, and with the provision of spacious playing fields adjoining the school, their development will form an important part of physical education."

There is accommodation for 960 pupils—480 boys and 480 girls. The site is on the gravel plateau on the northern outskirts of the borough, and consists of 26 acres of heathland at approximately 190 feet above sea-level. Ten acres have been allocated for playing fields, the school and playgrounds occupy five acres, there are eight acres of valley, and three acres have been set apart as a site of a future junior school, if and when required.

The following extracts are from the architect's description of the school buildings :

" The School has been designed on modern lines, and may be classed as strictly utilitarian, the object being to provide a maximum amount of light and fresh air in all rooms. It is, however, interesting to record that the recommendations of the Board of Education with regard to open corridors on all sides were questioned for this particular site, having regard not only to its exposed nature but to the strong gales which prevail on sea coast towns. This modification, and the partial adoption of the double-banked type of planning, has been justified up to the present. In fact, slight further modifications have had to be made because of the unexpected results during strong gales.

The plan has, as its central feature, a formal quadrangle laid out with paths, lawns and flower beds. The class-rooms generally have a southerly aspect, and are contained in two storeys with an open corridor on the northern side.

The approach to the administrative quarters is similar to that of many of our old colleges, via a covered way and across a quadrangle. In this central Administrative Block are situated the Head Master's and Head Mistress's rooms, the School Medical Officer's rooms, and the School Library. This block commands excellent views over the school playing fields, and in fact the roofs have been kept flat with parapet walls to form grandstands.

This northern wing of the building contains also the Assembly Halls for Girls and Boys respectively, with adequate cloakroom and lavatory accommodation. The Assembly Halls have been designed so that they can, if required, be utilised for gymnastic purposes.

The wings on the east and west side completing the quadrangle contain the Craft Rooms, Science Rooms, Handicraft Rooms, Domestic Science Rooms, etc. These special rooms have been equipped with the Board's requirements, with due regard to economy. For instance, the walls of the classrooms have been left unplastered and distempered in a bright colour, resulting in a pleasing general effect.

In accordance with the implied desire of the Board of Education, the roofs are flat throughout and covered with asphalt, special precautions taken for insulation to prevent excessive heat and cold.

The floors of the classrooms generally are of maple, laid in narrow strips."

The New Senior Council School at Wimborne Road, the Henry Harbin School, is now nearing completion and should be ready for occupation at the beginning of the Summer Term, 1939. This will provide for the remaining senior children of the Borough with the exception of Hamworthy, in which district a site has been acquired for the erection of a third Senior School. It is hoped that the erection of this school will be commenced in 1939.

IV. MEDICAL INSPECTION.

The routine medical inspection of the three age groups (Entrants, Intermediates and Leavers) is carried out at the schools, except in a few instances where suitable arrangements cannot be made without interfering with the school routine. A well-equipped medical inspection room has been provided in the new Senior School.

During the year 2,252 children were examined at routine medical inspection. Of these, 872 were entrants, 736 intermediates (children of the age of 8 years), and 644 leavers (children aged 12).

Of the 2,252 children examined, 293 were found to require treatment for various conditions, exclusive of defects of nutrition, uncleanliness, and dental caries. The distribution in the prescribed age groups was 100 entrants, 102 intermediates, and 91 leavers.

The number of children presented for special inspection was 3,419, of whom 3,336 were seen at the Minor Ailment Clinics. The remainder were inspected at the schools during routine visits, or by special appointment at the School Medical Office.

V. FINDINGS OF MEDICAL INSPECTION.

A detailed list of defects found as a result of routine medical inspection is given in Table IIA, and in Table IC is recorded the

number of individual children in each code group requiring treatment for defects other than uncleanliness, dental disease and malnutrition.

Uncleanliness. In two important categories, the findings of routine medical inspection cannot be regarded as a true indication of the children's actual everyday condition. The majority of the mothers make an effort to present the children to the examining doctor looking their best as regards clothing and cleanliness. In 1938, of the 2,252 children inspected, four are recorded as unsatisfactory in clothing or footwear. Observations at the minor ailment clinics and at unexpected visits to the poorer schools suggest that these low figures do not reflect the actual state in respect of clothing and footwear, though it is not suggested that there is any marked deficiency. With regard to uncleanliness, no children were found to have head lice, but 75 had one or more nits, while 12 children had petechiae obviously caused by the bites of fleas. Only a few of the children found to have nits were markedly infested, the majority of the heads indicating by odour that the mother had been endeavouring to rectify the condition before presenting the child for inspection. There are a number of children who are chronic offenders, and whose parents do not willingly co-operate in the endeavour to improve the cleanliness level of the schools.

Nutrition. Of the 2,252 children examined at routine medical inspection, 26 were found to be suffering from a decided degree of malnutrition. Poverty and its consequent effect upon the family dietary were not in all cases responsible for the condition of defective nutrition found. A further 149 children were recorded as being slightly below the standard of nutrition regarded as normal. In the absence of any convenient and scientifically accurate mode of assessment, the "normal" standard must necessarily vary with the opinion and perspective of the examining medical officer.

Diseases of the Skin. Four cases of skin disease were found at routine medical inspection. All were referred for treatment.

Visual Defects and External Eye Disease. 76 cases of defective vision and 16 cases of squint were referred to the special ophthalmic clinic for treatment, and five children suffering from external eye disease were passed to the minor ailment clinics for attention.

Defects of the Nose and Throat. 28 children with hypertrophied or unhealthy tonsils, 33 with septic or obstructive adenoids, and 89 cases in which both tonsils and adenoids were affecting the child's health, were found and referred for treatment. In addition 43 cases were noted for observation. 19 cases of cervical adenitis were recorded, the majority being associated with unhealthy tonsils and adenoids.

Ear Disease and Defective Hearing. Three cases of active disease of the internal ear were found. A history of otorrhoea or intermittent deafness was noted in many of the cases referred for treatment of unhealthy tonsils and adenoids.

Dental Defects. The figures given below are the results of the School Medical Officer's inspection, not of the Dental Specialists, and are given to show the general trend of the results.

Percentages with	1934	1935	1936	1937	1938
All teeth sound	39.3	42.9	42.0	43.8	42.4
1—3 Defective	38.8	37.1	34.6	33.6	34.2
4 or more Defective ...	21.9	20.0	23.4	22.6	23.4

The round 20 per cent. at the bottom of the scale are to a great extent "irreconcilables," who are likely to remain in spite of advice and teaching. Apart from these irreconcilable objectors, inspection shows that even by the age of five years the temporary teeth have been the victims of injudicious training and diet to such an extent as seriously to interfere with successful effort on the part of the dentists to preserve them. Education of the parent in the sphere of child welfare has not up to the present penetrated sufficiently with regard to suitable diet for and care of the milk teeth.

It is gratifying to note that whereas in the entrants' group only 35.6% have all teeth sound, with 35.3% showing 4 or more carious, in the leavers' group 61.1% have a sound set of teeth, and only 4.0% showed 4 or more carious.

The following figures for the year show both the high ratio of decay in the young children and the desirable results of the Dental Service in the older scholars.

	Entrants	Intermediates	Leavers	Total
Examined ...	872	736	644	2252
Teeth sound ...	35.6%	34.1%	61.1%	42.4%
1—3 decayed ...	29.1%	39.5%	34.9%	34.2%
4 or more decayed ...	35.3%	26.4%	4.0%	23.4%

Orthopaedic Defects. Two cases of rachitic deformity and sixteen other orthopaedic defects were found and referred for treatment at the orthopaedic clinic.

Heart Disease and Rheumatism. In one child a stationary cardiac lesion was found, but no treatment was considered necessary. One case of functional disturbance, and one case of marked anaemia were advised to obtain treatment.

Tuberculosis. One suspected case of pulmonary tuberculosis was seen at routine inspection, and seventeen children were found to be suffering from simple bronchial catarrh requiring treatment.

Diseases of the Nervous System. One child was found to be subject to epileptiform attacks, and was referred for treatment. One convalescent case of chorea was referred to the School Clinic for observation.

Other Defects and Diseases. In twenty children other defects were noted for treatment, among these being herniae, hare-lip and cleft palate.

Vaccination. In accordance with the instructions on vaccination issued by the Ministry of Health, one or more marks are accepted as evidence of effective vaccination. In 1938 :—

of 872 entrants examined, 14.8 per cent. were found to be vaccinated ;

of 736 intermediates, 16.8 per cent. were found vaccinated ;

of 644 leavers, 18.0 per cent. were found vaccinated.

VI. FOLLOWING-UP.

At the School Medical Inspection, the parents of children found with minor defects are given verbal instructions regarding the necessary treatment, and in suitable cases the children are referred to the Minor Ailment Clinics. More serious defects are followed up by a formal printed notice to the parents. Dental cases are referred to the Dental Clinic. Cases of unhealthy or obstructive tonsils and adenoids are admitted to the Cornelia Hospital for operation under the School Medical Scheme, and orthopaedic defects are dealt with at the Authority's Orthopaedic Clinic at the Cornelia Hospital.

Defective children are re-inspected by the Medical Officer at the school as "specials" and the notice to parents regarding treatment is sent a second time if it is found that no steps have been taken to deal with the defect.

A "following-up" card is issued to the School Nurse in respect of each child ascertained to be suffering from a special defect, and periodic visits are made to ensure that the child is receiving the treatment necessary for its special condition. Defects discovered at the Child Welfare Clinics are similarly kept under the

observation of the Health Visitor, and a continuous record of the child's defect through its pre-school and school years is thus maintained.

Unaccountable absences from school are followed up by the School Attendance Officers, and many of these absentees are subsequently referred to the clinics.

The School Nurses paid 255 "rapid inspection" visits to the schools, covering in these inspections 26,002 children, and passing on to the appropriate clinic for necessary advice or treatment 281 of the children.

VII. MEDICAL TREATMENT.

The Minor Ailment Clinics at Poole and Branksome are open from 9 to 10 a.m. each school day. Children are referred to these clinics from the school medical inspections, from the schools by the School Nurses or Head Teachers, by the Attendance Officers, or are brought by their parents. Minor ailments are attended to by a Medical Officer and the School Nurses, and special defects are referred to the appropriate clinic or the hospital, while general medical or surgical conditions are referred, as a rule, to the family doctors, and in certain special cases to the hospitals.

During the year 2,744 individual children attended the Minor Ailment Clinics. These children made 3,336 first attendances for the treatment of a minor ailment or for special inspection or advice, and 12,009 subsequent attendances were made for treatment. The total number of attendances at the clinics was 15,345.

Uncleanliness. During the year the School Nurses made an average of five visits to each school for inspection of the children with regard to uncleanliness. In these visits 25,068 children were inspected. 220 children were found to be unclean on account of infestation by the head louse or its eggs, the majority when detected harbouring nits only. 48 children were excluded from school until the condition had been rectified, and 104 attended with their parents at the Minor Ailment Clinics for advice as to the most appropriate means of effecting cleansing. Special combs are kept at the clinics, and are lent out when necessary. Repeated instructions have been given to the parents regarding the methods of dealing with this uncleanly condition.

Minor Ailments and Diseases of the Skin. Two cases of ringworm of the scalp, apparently cured, were kept under observation. Ringworm of the body was treated in 12 children, and 3 cases in which the diagnosis was in doubt were kept under observation. 14 cases of scabies were dealt with, and 6 suspected

cases were kept under observation. 93 children were treated for impetigo, and 203 cases of other skin diseases or defects came under notice during the year, of which 202 were treated, and 1 kept under observation

Visual Defects and External Eye Disease. 147 cases of minor eye defects were dealt with at the minor ailment clinics, the majority being blepharitis, conjunctivitis and minor eye injuries.

The number of children referred for the first time to the Refraction Clinic was 186. Of these 143 actually attended. A further 208 children who had in previous years been provided with glasses were notified to attend for a re-test, and 167 actually attended for re-examination of their sight. 343 defects were dealt with, including 47 cases of squint, 52 myopia, 66 myopia and astigmatism, 79 hypermetropia and 84 hypermetropia and astigmatism. Of the above, spectacles were prescribed for 193, of whom 179 obtained glasses or new glasses. In 49 cases it was found after testing that the glasses previously ordered did not require changing. After the provision of spectacles, parents are advised to bring the child to the school clinic so that the fit and suitability of the glasses may be confirmed.

Dr. T. R. Aynsley, the Ophthalmic Specialist to the Education Authority, reports as follows :—

“ The school ophthalmic service continues to work smoothly and satisfactorily, and I have not found any difficulty in persuading parents to allow their children to wear the glasses provided. The Service, which includes a re-test at yearly intervals from the time glasses are first ordered until the child attains school-leaving age, is one which very few private patients can attain to, and in this one respect at least elementary school children have an advantage over their wealthier co-evals in private schools.

(Signed) T. R. AYNSLEY.

Nose and Throat Defects. Defects of the nose and throat were dealt with in 496 children. 233 children were referred to the Cornelia Hospital for operative treatment under the School Medical Service Scheme for unhealthy or obstructive tonsils and adenoids. Of these 187 actually attended and received operative treatment.

A conservative attitude towards operative interference has been adopted, but the number of cases found to require operative treatment to cure or prevent affections of the upper respiratory passages has not diminished, and the opinion has been confirmed that in the majority of cases of recurrent affections of the ear, nose, and throat, operative treatment is of very great value. The testimony of the parents supports this opinion.

Ear Disease and Defective Hearing. Defects of the ear and hearing were treated in 96 cases. Cases of chronic otitis media were referred to the Aural Surgeons, at Cornelia Hospital, and, where indicated, tonsils and adenoids were removed with a view to clearing up the condition.

Dr. Charles Salkeld, the Ear, Nose and Throat Surgeon to the School Medical Service for many years, retired on the 31st December, 1937. His work was always marked by a characteristic thoroughness, and his contribution to the health of the school population of the borough is of no small measure. Thanks are due to him for his friendly and helpful co-operation in all matters relating to his branch of the work. His place was filled on the 1st January, 1938, by the appointment of two members of the honorary staff of the Cornelia Hospital as Ear, Nose and Throat Surgeons to the School Medical Service.

Their report for the year follows :—

“ During 1938, removal of tonsils and adenoids was carried out in 187 cases. The conditions necessitating this treatment were—chronic otorrhoea, otalgia, catarrhal deafness, cervical adenitis, recurrent tonsillitis, and nasal sinusitis. In addition several cases of mastoid disease, nasal obstruction not due to adenoids, and nasal sinusitis were dealt with by appropriate surgical measures.

All cases operated on have been carefully followed up, and it is noteworthy how infrequently any further treatment was required. The majority of the parents subsequently reported a decided improvement in the general health of the children.

As all cases requiring operative treatment were carefully selected, and the results obtained have been so satisfactory, we are definitely of the opinion that the removal of infected tonsils and adenoids serves a very important function in the prevention of ill-health among school children.

In the small proportion of cases suffering from nasal sinusitis it was noted that after removal of the tonsils and adenoids the sinusitis cleared up in practically all, without further surgical interference being necessary.

A. MACKENZIE ROSS, M.D., D.L.O.,

C. R. SALKELD, B.M., B.CH., F.R.C.S.

Dental Defects. 612 children attended the Minor Ailments Clinic regarding dental treatment. This is continued testimony to the popularity of the clinic for a usually distasteful proceeding.

The Dental Surgeons inspected at the schools 6,478 children, of whom 3,816 were ascertained to require treatment. Altogether, 1,423 actually attended the dental clinic for treatment, making 2,469 attendances. There is not included in these figures a proportion of children whose parents, on the information and advice gained by the inspections, obtained dental treatment otherwise than through the School Dental Clinic.

Analysis of the ages of children inspected by the dental officers, and the proportion requiring treatment, is given below :—

Ages	5	6	7	8	9	10	11	12	13	14	Total
Inspected	523	732	851	740	884	799	685	603	570	91	6478
Referred for treatment	316	380	436	395	513	487	407	379	377	59	3749
Percentage requiring treatment	60.4	51.9	51.2	53.4	58.0	60.9	59.4	62.9	66.1	64.8	57.9
Percentage in 1937	53.2	58.5	60.3	58.5	58.2	60.7	59.2	61.0	66.6	76.1	60.0

Mr. Myers, the Senior Dental Surgeon, reports as follows :—

I have again the honour to present the report on the work of the School Dental Clinic for 1938.

As a result of the opening of another Clinic at Branksome, the work done and the attendances have increased considerably. The convenience of a Dental Clinic nearer to the homes and schools has been much appreciated by the parents of children living in the Branksome and Upper Parkstone districts, and it is anticipated that, when the results of a full year's working are available, it will be found that a larger percentage of the children requiring dental treatment have been treated.

(Signed) LANCE B. MYERS,
L.D.S., R.C.S., ENG.

Orthopaedic and Postural Defects. 48 cases of orthopaedic defect were seen at the minor ailment clinics, of whom 36 were referred for treatment and 12 were kept under observation at the clinics. 107 cases of orthopaedic defect in school children were treated at the Orthopaedic Clinic at Cornelia Hospital during the year. Of these 17 cases were admitted for residential treatment.

The position with regard to total numbers under treatment at the end of the year is as follows :—

DEFECT	Under treatment at end of 1937	Added during 1938	Ceased treatment during 1938 (cured, left district, etc.	Remaining under treatment at end of 1938
Congenital defects ...	20	3	5	18
Traumatic deformities	8	1	2	7
Rachitic deformities	6	4	1	9
Paralytic deformities	25	5	2	28
Postural defects ...	54	27	16	65
Other bone defects ...	3	1	2	2
	116	41	28	129

The report of the Orthopaedic Surgeon on the year's work is as follows :—

The Orthopaedic clinic during the past year has continued satisfactorily. The work of the clinic consists of the prevention, correction or alleviation of deformity and disability arising from disorders of growth or acquired diseases or injuries. It implies operations, massage, exercises, electrical treatments and provision of splints and appliances. Most cases require repeated attendance at the Clinic with supervision lasting over a number of months or years.

Four of the children's beds of the Cornelia Hospital are constantly required for orthopaedic cases, and the attendance at the weekly orthopaedic session is about fifteen cases. These numbers will probably now remain constant.

Cases of marked crippling are now becoming few in number, the majority of the cases being minor postural defects which readily respond to corrective treatment.

The hope I have expressed in previous reports that public spirited persons in the Borough would come forward to establish a Cripples' Welfare Association to supplement the work of the Hospital and the Public Authority has not yet met with any response and the need for such an association still exists.

N. ROSS SMITH, M.B., CH.M., F.R.C.S.

Heart Disease and Rheumatism. 2 cases of organic heart disease and 7 of functional derangement were seen at the clinics. There were also 24 cases exhibiting rheumatic symptoms. They were referred to hospital or to the family practitioner for treatment.

Tuberculosis. The Dorset County Council is the authority responsible for the treatment of all forms of tuberculosis, and actual or suspected cases are referred to the County Dispensary, King Street. One definite and 3 suspected cases of pulmonary tuberculosis were seen at the minor ailment clinic during the year and 4 non-pulmonary cases were dealt with. The opinion of the Tuberculosis Officer is obtained before allowing the attendance at school of a tuberculous child.

Nervous System. Five cases of epilepsy and petit mal, two cases of chorea, and 9 other nervous diseases were dealt with during the year.

Other Diseases and Defects. 1068 cases of sores, bruises, chilblains and minor injuries were treated during the year. 239 children attended on account of infectious disease, the majority being convalescents brought by their parents for examination prior to their return to school, and 153 cases of feverish cold presented themselves and were referred elsewhere for treatment. In 160 cases, parents consulted the Medical Officer regarding their children's health, the children being at the time well, but presenting some health problem regarding which the parent required advice.

VIII. INFECTIOUS DISEASES.

Through the intimate co-ordination between the School Medical Service and the Public Health Department, an efficient follow-up is maintained in all cases of infectious disease notified. The school nurses are early informed by the head teachers when a case of illness suggestive of an infectious disease occurs in a school child, and appropriate steps are taken to safeguard the school community.

During the year the incidence of infectious disease amongst school children has not been exceptional. During May, measles was prevalent in one of the infant schools, and 2 low attendance certificates were issued on this account.

There was a sharp rise in the incidence of scarlet fever in the second half of the year, 102 cases occurring in school children compared with 16 cases in the first half of the year. The rise followed a school excursion at which a case of scarlet fever in a highly infective condition was discovered. The contacts of this case were many and the disease spread rapidly through the elementary schools. The type was mild. For the whole year there were 141 cases, 24 being adults.

Diphtheria incidence has remained at a low level, being about 0.10 per 1,000 population. Only 11 cases were notified during the year, of whom three were adults. Two of these adults were found to be suffering from a condition other than diphtheria (Vincent's angina and streptococcal tonsillitis). Of eight children notified as diphtheria, four were faucial cases, two nasal and in two the diagnosis could not be confirmed. None of the children attacked had received prophylactic inoculation.

Swabs of nose or throat were taken at schools or school clinics during the year. The carrier rate was exceptionally low.

Diphtheria immunisation, commenced in October, 1929, has been actively continued during the year, 786 children being dealt with at the clinic. In the absence of epidemic diphtheria, it is increasingly difficult to interest the parents in the vital question of protection against possible future danger. The stimulus of parental anxiety is lacking, and in the absence of fear indifference flourishes. Hence it is gratifying that, in spite of the continued low incidence of the disease in the borough, the number of children brought to the immunisation clinic has not steeply declined.

A report on the work carried out at the immunisation clinics is given in Section XVIII of this report.

IX. OPEN-AIR EDUCATION.

There are no open-air schools in the Borough, but in the proposed plans for new schools and in recent additions and alterations to existing schools the aim has been to approach as nearly as practicable the open-air type of school building. In some schools during favourable weather, classes are held in the playgrounds.

X. PHYSICAL TRAINING.

Physical Training in the schools and throughout the country generally has received a great move forward as a result of the activities of the National Fitness Council, formed in 1937 to implement the provision of the Physical Training and Recreation Act, 1937.

The National Fitness Campaign is now well under way, and its aims are ably summed up in the two following sentences quoted from the White Paper issued before the Act of 1937 was passed. "The aim of the Government is not to secure that between certain ages every boy and girl practises certain physical exercises or achieves a certain standard of physical development, but to inculcate a wider realisation that physical fitness has a vital part to play in promoting a healthy mind and human happiness. It is a way of life and an attitude of mind, the importance of which is continuous and not limited to certain years in early youth."

During 1938 increasing interest has been shown in the means of attaining physical fitness, and in this respect the schools of the

borough have not been negligent. The reports of the County Organisers of Physical Training on their work in the borough during 1938 indicate satisfactory progress.

Mr. Campbell reports as follows :—

“ The opening of the two new Senior Schools in the Borough and the consequent re-organisation of the Junior Schools have enormously improved the conditions and the facilities for the Physical Training lesson. The difficulties created by overcrowding, lack of indoor accommodation and classes with a large age-range have largely been overcome although, even now, some Junior Schools have no convenient place for indoor exercise in inclement weather.

In the Senior School the more advanced and varied type of work is being tackled well. This school is equipped with portable gymnastic apparatus which opens up new possibilities to both the teacher and the Class. Having regard, however, to the demands for the use of the central hall made by the other subjects in the curriculum and the need for bathing after strenuous exercise and after games, fully equipped gymnasias and changing-rooms with shower baths are a necessity.

The Junior Schools are adapting themselves to the work very well. The “ daily lesson ” is not yet quite general, but progress in this direction, is being made.

All Schools are well equipped with light apparatus and good use is made of it.

In spite of some strong effort on the part of the teachers, there are many boys still struggling with the handicap of heavy boots in a lesson which demands lightness, fleetness of foot and agility. A supply of light shoes in each school would make the lesson more enjoyable, more beneficial and safer.

On the whole there is a spirit of enthusiasm for the subject amongst the teachers in the Borough, and much good work is being done.”

Miss Grimwood reports :—

“ Steady work was maintained during the year, the teachers welcoming any help given, and offering all co-operation with the Organisers.

The daily lesson was carried out conscientiously. Some classes showed noticeable improvement in posture, but it is urged that teachers pay more attention to this, not only in the actual Physical Training lesson, but when sitting in desks, or walking about, until good posture becomes habitual.

It was arranged for senior and some junior classes to have the use of a playing field for an organised games period each week. It is unfortunate that fields such as Branksome are too wet for play in winter months, especially for girls without strong footwear,

Special arrangements for storage of kit, choosing and storing apparatus, etc., were made at the Kemp Welch Senior School. Unfortunately this new Senior School has no gymnasium, showers, or changing room, so it will not be possible to introduce systematic training recommended for senior girls. The playing field was not in condition for playing, nor was there a store for apparatus.

Locker accommodation is now provided for some classes at the following schools :—

Longfleet Infants.
Longfleet Girls.
St. Joseph's.
Heatherlands Girls.
Oakdale.

This is an incentive for children to bring and keep suitable kit for physical training at school, although, especially in winter months, there are still many children not wearing suitable clothing, and until all children wear light rubber soled shoes, and are unhampered by skirts or too many garments, the progress of physical training must be impeded.

At the request of the Managers, Keep-Fit Classes for Mothers were arranged at three of the Welfare Centres, and were continued fortnightly during the winter. An open Keep-Fit Class was held in the Parkstone Grammar School during the winter, arranged by a small voluntary committee from amongst those who had attended the Leader's Course. The classes were well attended and were self supporting.

The Organiser would like to thank the Committee for their support, and the teachers for their co-operation."

During the year the Deputy Medical Officer (Dr. G. Chesney) was invited to serve on the Medical Advisory Committee of the National Fitness Council, a committee formed in May, 1938, "to take such action as might be found desirable in order to enlist the co-operation of the medical profession in promoting the policy of the Council and to consider and report on the medical aspects of the Council's work."

Mr. E. Bull, hon. secretary of the Poole Elementary Schools' Athletic Association, reports :—

"The Athletic Association was formed in 1923 for the promotion and supervision of all sport connected with the schools of the Borough. Besides this main object was the desire to inculcate into all scholars the ambition to obtain a healthy body, which naturally leads to a healthy mind. The officials claim that so far they have succeeded, as the improvement in all games, also the general physique of the children, prove their assertion. The activities are many—

each year the matches number about 500 football, 100 cricket, and 144 netball. In addition an Annual Sports Day is held where approximately 1,100 boys and girls compete. A special item is the "March Past" of the competitors. We were the first association in England to have this spectacular item. A Swimming Gala finishes the season's work—between three and four hundred children take part. A competition is held to ascertain the finest boy and girl athlete—the trophies being greatly coveted by the schools. The work is carried on by the teachers from a purely voluntary standpoint. Many thanks are due to the Town Council and the Borough Officials for their kind co-operation and their valuable help in many ways."

XI. PROVISION OF MEALS.

Under Section 84 of the Education Act, 1921, milk and wheaten biscuits were supplied as in previous years to necessitous children who are unable by reason of lack of sufficient nourishment to take full advantage of the education provided for them, the selection of children for a free issue being made by ascertainment by medical inspection. In certain cases the issue of milk and biscuits is repeated in the afternoon, and in a few more marked cases of ill-nourishment this is supplemented by cod liver oil and malt twice daily. The number of children to whom free milk and biscuits are issued varies from month to month, but may be taken as an average of 500.

In addition to the free issue of milk to necessitous malnourished children in elementary schools, milk is also available under the Scheme of the Milk Marketing Board, at a reduced rate, to any other children desiring milk, the milk being supplied under arrangements made by the teachers, and approved by the School Medical Officer. These added facilities have resulted in a fourfold increase in the consumption of milk in the elementary schools. All milk supplied to the schools is pasteurised.

XII. CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

Co-operation of Parents.—The parents of all children are requested to attend at the routine medical inspections, so that in case of abnormal conditions an accurate history of the defect can be ascertained and suitable advice given.

The interest taken by the parents in this work for the maintenance of the health of childhood continues, as shown by the following table, which indicates a steady increase in the number of parents attending the routine inspections.

PERCENTAGE OF ATTENDANCE OF PARENT OR GUARDIAN.

	1933	1934	1935	1936	1937	1938
Entrants ...	76.6	69.2	79.7	78.9	75.9	79.2
Intermediates	59.8	57.6	61.9	62.3	58.3	68.2
Leavers ...	32.7	31.9	31.3	35.8	30.4	38.2

A large number of parents accompany the children referred to the Minor Ailment Clinic, and in the majority of cases show keen interest in the welfare of their children and in the efforts of the school medical staff to attain and maintain a high standard of fitness in the children under their care.

Co-operation of Teachers.—There is close co-operation between the School Medical Service and the teachers. The lists of children for routine medical inspection are submitted by the teachers, and children presenting evidence of special defect are reported by them to the department, or referred to the school clinic for inspection. Reports on cases of suspected mental deficiency are submitted for the attention of the medical officer, and on all matters relating to the health and cleanliness of the children the assistance of the teachers can be relied upon.

Co-operation of School Attendance Officers.—The Attendance Officers work in close touch with the medical service. Consultations regarding individual children are frequent, and all exclusions from school are reported daily by the department to the attendance officers, who in turn report to the medical officer or school nurse cases of sick children absent from school who are not receiving medical attention, and in suitable cases arrange for their attendance at the minor ailments clinics.

Co-operation of Voluntary Bodies.—Voluntary organisations which are engaged in work associated with the welfare of school children are the Council of Social Service, the National Society for the Prevention of Cruelty to Children, The Poole Post-War Brotherhood and The Rotary Club.

The National Society for the Prevention of Cruelty to Children in August, 1938 appointed a full time Inspector for the Poole and East Dorset Area, as it had been found that the work in Bournemouth, Poole, Christchurch and the surrounding district had grown beyond the capacity of the local inspector. The School Medical Department has always found the Society's Inspectors ready to co-operate in dealing with cases of medical neglect and great assistance has been rendered in following up and dealing with difficult and careless parents. During the year 107 cases were investigated in the Borough, affecting the welfare of 258 children. 152 of the children concerned were of school age. 394 supervision

visits and 372 miscellaneous visits of enquiry were made in connection with these cases, and 178 parents were warned and advised.

The Children's Holiday Fund of the Poole Post-War Brotherhood arranges Summer Camps, and, during 1938, 60 school boys were sent to Fort Gomer Camp for ten days and 60 school girls were given a holiday at private homes at Salisbury, Basingstoke, and Waterlooville. 77 children were supplied with boots and shoes and others were fitted out with articles of clothing. The clothing and footwear were supplied to any children who through lack of these would have been unable to take advantage of the holiday offered. These children were medically inspected by the School Medical Officer before proceeding to the holiday camps.

The Swanage Red Cross Children's Memorial Hospital received during the year seven delicate children of school age for a period of convalescence averaging 28 days, the parents contributing by arrangement.

The Poor Children's Breakfast Fund organised by the Westbourne Congregational Young Men's Class distributed 67 pairs footwear.

The Poole Rotary Club has in operation a scheme whereby in necessitous cases transport is available for children on admission to or discharge from hospital, and indirectly, through the Council of Social Service, assists needy children in various directions.

XIII. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Table III gives particulars of all exceptional children of school age in the area. A register is kept of all such children and on a special defect card is recorded all information obtained regarding each case. New cases are ascertained by the medical officers in the course of their inspections, and by the school nurses. The attendance officers and the teachers also notify to the department any cases coming to their notice.

There are in Poole no special schools for blind, deaf, mentally defective, and epileptic children, and there are no special classes for dull or backward children in the borough, but in two of the larger schools classes have been formed in which retarded children attending these schools are given the individual assistance in their studies which they require. The formation of additional classes for educationally defective children is urgently needed.

As there is not in the borough a sufficiency of teachers with the necessary training to fit them for the special instruction of dullards, financial provision has been made for the preparation of suitable teachers already on the staff of the Local Authority for this specialised form of education, so that a supply of trained staff may be available when required. Several teachers have attended special courses of instruction and study with this object in view.

Institutional arrangements for the deaf, dumb and blind are in force, and at present one child is at a school for the deaf. Four children are at schools for the blind. One child is at a special school for the care of severe epilepsy, and two crippled children are at an orthopaedic special school.

During the year 6 children were examined for mental abnormality. All these, excepting those so grossly defective as to be incapable of responding to such an examination, were tested by Burt's Revision of the Binet-Simon Tests for general intelligence and by performance tests. Of these children 3 were notified to the Local Authority for Mental Deficiency, one was certified as being feeble-minded, and two were found to be dull.

The necessity for the complete ascertainment of all mentally defective children in the area is recognised so that efforts may be made to provide for these children the education, training or care best suited to each individual case.

An Occupation Centre for children whose degree of mental deficiency is such that they are unable to profit by instruction in a special school or class was begun in Poole in 1936 by the Dorset Voluntary Association for Mental Welfare. About forty imbeciles and low grade morons are at present in attendance. Some of the children have made considerable progress.

XIV. NURSERY SCHOOLS.

There are no nursery schools, but at most of the infants schools there are what might be described as nursery classes, where children under five are taught and cared for. In the denser parts of the Borough it is found that the majority of the children are sent to school about the age of $3\frac{1}{2}$ to 4 years, and although from the educational point of view the wisdom of this early start may be debated, there is no doubt that the earlier a child comes under the supervision of the School Medical Service, the greater is the opportunity for the correction of existing defects.

In the nursery classes, the work is essentially very elementary and its value is more social than educational. Some schools have made provision for a period of rest for the youngest in the afternoon, and an extension of these arrangements to all nursery classes would be beneficial.

XV. SECONDARY SCHOOLS.

The School Medical Service does not embrace the two Grammar Schools in the Borough, the routine medical inspection of the pupils of these schools being up to the present under the control of the County Council, which is the authority for Higher Education.

XVI. PARENTS' PAYMENTS.

The Scheme of Charges for Clinic Treatment based on a scale of income and approved by the Board of Education is as follows :—

Conditions as to Free Treatment and Payment. Treatment at all Clinics is provided FREE for families where the weekly income from all sources is below the following figures :—

	No. of Children under 16 years.						
	1	2	3	4	5	6	7
Where both Parents or Guardians are alive	£1 10s.	£2	£2 10s.	£3	£3 10s.	£4	£4 10s.
Where one Parent or Guardian is alive	£1 5s.	£1 15s.	£2 5s.	£2 15s.	£3 5s.	£3 15s.	£4 5s.

For families where total weekly income is above these amounts, the following CHARGES per child are made, PAYABLE IN ADVANCE.

1. *Minor Ailments.* Free for first fortnight. Thereafter 1/- for three months' treatment.
2. *Provision of Spectacles.* Cost of spectacles.
3. *Dental Treatment.* Sixpence per attendance, or 1/- for two or more necessary attendances.
4. *Tonsils and Adenoid Treatment.* Tonsils alone, 5/-. Combined treatment, 7/6.
5. *X-Ray Treatment of Ringworm,* 5/-.

The charges for Orthopaedic Treatment under the Authority's Scheme are as follows :—

Weekly Income from all sources after deducting 5/- for each child under 14.						Per week.
In-Patients.						
(a)	Up to	£1/10/0	...	...	...	Nil
(b)	Over	£1/10/0	and up to	£2	...	1/6
(c)	"	£2	"	"	£2/10/0	2/6
(d)	"	£2/10/0	"	"	£3...	5/-
(e)	"	£3	"	"	£3/10/0	7/6
(f)	"	£3/10/0	"	"	£4/10/0	15/-
(g)	"	£4/10/0	...	...	...	by individual case consideration.
Splints and Appliances.						
(a)	Under	£1/10/0	...	...	...	Nil
(b)	Over	£1/10/0	and up to	£2	...	10%
(c)	"	£2	"	"	£2/10/0	20%
(d)	"	£2/10/0	"	"	£3...	30%
(e)	"	£3	"	"	£3/10/0	50%
(f)	"	£3/10/0	...	...	...	Whole.

The amounts received in reduction of the gross cost of the School Medical Service during the years 1934, 1935, 1936, 1937, and 1938 have been £31 1s. 6d., £25 11s. 4d., £27 6s. 6d., £25 0s. 0d. and £35 15s. 8d., respectively.

XVII. HEALTH EDUCATION.

Copies of the following are in possession of all Elementary School or Department Heads :—

Handbook : "Hygiene of the Mouth and Teeth," issued by the Dental Board of the United Kingdom.

Handbook : "Suggestions on Health Education," issued by the Board of Education.

Easily assimilated books of practical advice prepared by the Health and Cleanliness Council—"Keep Fit" for boys and "Health and Beauty" for girls—are being distributed via the School Dental Clinics to the elder children.

Details of Health Education Propaganda will be found in the Public Health Section of the Annual Report.

XVIII. DIPHTHERIA IMMUNIZATION.

(By GEORGE CHESNEY, M.D., D.P.H., Deputy Medical Officer of Health).

During the year 1938, 759 children were protected against diphtheria by active immunization, 253 being under the age of five years, and 506 of school age. Alum-precipitated toxoid was used exclusively for children of all ages and the procedure employed was the spaced two-dose method which has been used in this borough since March, 1935, and which has been fully described in previous Annual Reports.

A total of 5,310 children have been dealt with since the commencement of active immunization against diphtheria in October, 1929.

During the year Schick testing before immunization was not practised. In previous years testing of children over ten years old had been carried out, but during the past year all children presented for immunization whatever the age were immunized without primary Schick test.

It is obvious that with this procedure a number of Schick negative children received prophylactic injections which it may be argued were unnecessary, but it may also be argued that the level of immunity indicated by a negative Schick test is an arbitrarily chosen one, that a negative Schick can be recorded in a child who has only a border-line immunity, and that to increase the amount of protective antitoxin in such a child's blood by the injection of two small doses of A.P.T. is to the child's advantage. Two injections are of necessity made in carrying out a Schick test whether the result be negative or positive, and if the test be positive two further injections are necessary to ensure immunity, making a total of four injections and at least four visits. It is perhaps a better policy to assume that every child presented for immunization requires a stimulus of his immunizing mechanism, as in actual practice most do, and to give the two doses of A.P.T. without putting the child to the inconvenience of two injections and two visits to find out whether or not he has that minimum of immunity which a negative Schick indicates.

During the years 1935 to 1937, over 1,500 children who had been treated with A.P.T. in two doses spaced at a month's interval were Schick tested, and over 99 per cent. were found to be Schick negative when tested with a standard Schick toxin or a "four-fold" Schick toxin. The results of these tests have been previously described in detail. (Chesney, 1937 and 1938). In view of this very satisfactory percentage of Schick negatives obtained after treatment by this method it has been considered not only unnecessary but inconvenient to continue Schick testing after immunization. During 1938

post-Schick testing as a routine has therefore not been carried out. However, in 29 Schick positive children aged 10 to 13 who had received two doses of 0.1 c.c. and 0.5 c.c. A.P.T. at an interval of four weeks, Schick testing with a ten-fold Schick toxoid, which the Wellcome Physiological Research Laboratories had prepared, was carried out as a check on the continued effectiveness of the procedure. Nineteen children were tested three months and 10 six months after immunization.

Parish and Wright (1938) have pointed out that the use of "multiple Schick toxins" is not to be recommended on account of the frequency with which pseudo-reactions are produced. In the 29 children tested with the ten-fold Schick toxin, pseudo-reactions were encountered in 26, and consequently the reading of the tests was in some cases difficult, but making due allowance for the masking of the readings due to these pseudo-reactions, it was only in two cases that any appreciable doubt arose as to whether the test was positive or not. In the remaining 27 cases it was quite evident that the test was definitely negative.

That 27 children, all frankly primary Schick positive, treated with two small doses of A.P.T. at an interval of four weeks, should give a negative result to a Schick test with a ten-fold toxin is an indication that the anti-toxin titre of the blood was well above the level necessary to ensure a negative result with a standard Schick toxin, and demonstrates that these children had when tested a high degree of immunity to diphtheritic infection, and further confirms the immunizing efficiency of the two-dose procedure.

In 1933 the incidence of diphtheria in the Borough of Poole dropped to a low level, and has since remained at a level well below the average for the country. In 1933 it was 0.19, in 1934, 0.11, in 1935, 0.31, in 1936, 0.30, and in 1937, 0.14. In 1938 the incidence was only 0.10 per 1,000. In the continued absence of diphtheria it is increasingly difficult to stimulate parental interest in active immunization, as the stimulus of fear for the children's safety is lacking. It is to be hoped that, as a help to local efforts, a national movement to bring home to the parents throughout the country the value of diphtheria immunization as a preventive service will soon be instituted.

All parents in this country should know :—

1. That every year in England and Wales about 60,000 children suffer from diphtheria and between three and four thousand of these children die.

2. That these children are not as a rule weaklings, but are in the majority of cases strong healthy children before the attack, and that good health in a child is no safeguard against diphtheria.

3. That active immunization against diphtheria, properly carried out, will make the child safe from invasion by diphtheria.

4. That the three to four thousand children who die every year from diphtheria could have been saved had they been previously immunized.

5. That no parent has any good reason to assume that his unimmunized child will not be one of the three thousand who will die of diphtheria next year.

6. That in those towns and countries where diphtheria immunization has been extensively practised, especially among the younger children, diphtheria as an active disease has been virtually banished.

7. That diphtheria can be eradicated from this country by immunization, but only with the intelligent co-operation and active support of the parents.

8. That nowadays if a child dies of diphtheria a parent may with reason ask himself : " Am I responsible for my child's death ? " and the answer to the question may be painful but true.

Diphtheria *can* be prevented by immunization. Has the time not come when those responsible for the health of the nation should decide that diphtheria *must* be prevented?

Chesney, G. (1937). Brit. Med. J., 1, 807.

— (1938). Lancet, 11, 587.

Parish, H. J., and Wright, J. (1938), Lancet, 1, 882,

XIX. MISCELLANEOUS.

During the year 70 children were examined regarding their physical fitness for part-time employment. The majority of these children are engaged in newspaper delivery.

The following extracts from the Juvenile Employment Committee's Report for the year ending 31st July, 1933, indicate its valuable co-ordinating work between school life and the labour market.

"The Committee is authorised by the Poole Borough Council to advise and help boys and girls from the ages of 14 to 18 years in choice of suitable employment and to assist, where required, on all matters relating to their industrial welfare.

"All Departments in Schools are visited towards the end of each leaving period, when the Leavers are interviewed and particulars taken of employment desired. Thus close personal co-operation is maintained with all Head Teachers. When children have left School they are followed up by an After-Care Visitor, who reports to the Bureau whether the child is in work and if any further action is required. The child's name is kept on a list if he is not in satisfactory employment, or only in temporary work."

The Report for the period August, 1937 to July, 1938, shows that during the year 1108 vacancies, of which 208 were ultimately cancelled, were notified to the Bureau. Of the available vacancies, 796 were filled, 396 boys and 400 girls being placed in employment.

67 boys were employed as errand boys, 66 as pottery and brickyard workers, 29 as clerks, 28 as van boys and other posts filled were garden boys, factory workers and trade apprentices. 41 girls found work as resident and 125 as daily maids, and 72 were placed as shop assistants. Others were employed as laundry, pottery and factory workers, and as trade apprentices. The number of elementary school leavers during the period was 689 (358 boys and 331 girls).

The 1938 report states: "A revised system of After Care has been introduced during the year. A certain number of visitors, including several members of the Committee, visit the homes of children for whom such visit appears to be advisable, and it has been proved that they are very welcome, and appreciated by parents and children. Many have shown gratitude to have such interest taken, especially where there have been difficulties to contend with and in some cases the home has been visited several times.

Irregular Attendances. Under the School Attendance Bye-laws 16 appearances were made before the magistrates. Fines were inflicted in 14 cases.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A. Routine Medical Inspections.

Number of Inspections by the principal or Deputy

Principal

Deputy

Other

Number of Children Examined

LIST OF TABLES.

1. Return of Medical Inspection.
 - A. Routine Medical Inspections.
 - B. Other Inspections.
 - C. Number of Individual Children found to require treatment
2. A. Return of Defects found by Medical Inspection.
 B. Classification of Nutrition of Children examined at Routine Inspections.
3. Return of Exceptional Children.
 Return of Children notified to the Local Mental Deficiency Authority.
4. Return of Defects Treated :
 - Group 1. Minor Ailments.
 - Group 2. Defective Vision and Squint.
 - Group 3. Defects of Nose and Throat.
 - Group 4. Orthopaedic and Postural Defects.
5. Return of Dental Inspection and Treatment.
6. Return of Uncleanliness and Verminous Conditions.
7. Statistics of School Attendance.

Total of Inspected	100	100	100
Number of Children Examined	100	100	100
Number of Children Treated	100	100	100

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... ..

LIST OF TABLES.

1. Return of Medical Inspection.
2. A. Return of Defects found by Medical Inspection.
 B. Classification of Nutrition of Children examined at Routine Inspections.
 C. Return of Exceptional Children.
3. Return of Children notified to the Local Mental Deficiency Authority.
4. Return of Defects Traced :
 Group 1. Minor Affections.
 Group 2. Defective Vision and Spinal.
 Group 3. Defect of Nose and Throat.
 Group 4. Otorrhoea, Otitis and Post-nasal Defects.
5. Return of Dental Inspection and Treatment.
6. Return of Infectious and Venereal Conditions.
7. Statistics of School Attendance.

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Table I.

REPORT OF COUNCIL

RETURN OF MEDICAL INSPECTIONS.

A. Routine Medical Inspections.

Number of Inspections in the prescribed Groups.

Entrants	...	...	872
Second Age Group	...	...	736
Third Age Group	...	...	644

	Total	...	2252
Number of Other Routine Inspections	...	...	---

			2252

B. Other Inspections.

Number of Special Inspections	...	8419
Number of Re-inspections	...	6476

Total	...	9895

--	--	--	-----

C. Children Found to Require Treatment.

Number of Individual children found at Routine Medical Inspection to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases.)

Group.	For defective vision (excluding squint)	For all other conditions recorded in Table IIA	Total
(1)	(2)	(3)	(4)
Entrants	1	99	100
Second Age Group	35	89	102
Third Age Group	39	64	91
Total (Prescribed Groups)	75	265	293
Other Routine Inspections	—	—	—
GRAND TOTAL	75	265	293

Other Defects and Diseases, including Defects of Nutrition, Uncleanliness and Dental Diseases.

A. Routine Medical Inspections.

Number of Inspections in the Principal Groups	
875	...
718	...
812	...
...	...
2 38	...
...	...
...	...
...	...

...	1477	Number of Re-inspections
...	3412	Number of Special Inspections
...	1000	Total

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Group	For the year ended 31st March 1954	For the year ended 31st March 1953	For the year ended 31st March 1952
Grand Total ...	75	207	208
Group ... Industries	—	—	—
Total (Grouped Group)	75	207	208
Total A & B Group	28	64	51
2 and A & B Group	28	64	107
Industries	1	99	100
(1)	12	(3)	(1)

TABLE II.

A. Return of Defects found by Medical Inspection in the Year Ended 31st December, 1933.

DEFECT OR DISEASE.					Routine Inspections		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Re-quiring treatment	Requiring to be kept under ob-servation, but not requiring treatment.	Re-quiring treatment	Requiring to be kept under ob-servation, but not requiring treatment.
SKIN	Ringworm :							
	Scalp	...	...	...	—	—	—	2
	Body	...	...	...	—	—	12	3
	Scabies	...	...	...	—	—	14	6
	Impetigo	...	...	...	2	—	93	—
EYE	Other Diseases (Non-Tuberculous)				2	—	202	1
	Blepharitis	...	...	...	1	—	19	—
	Conjunctivitis	...	...	...	1	—	36	—
	Keratitis	...	...	...	—	—	—	—
	Corneal Opacities	...	...	...	—	—	—	—
EAR	Other Conditions (excluding Defective Vision and Squint)				2	—	92	—
	Defective Vision (excluding squint)				75	1	88	—
	Squint	...	...	...	16	—	19	—
	Defective Hearing	...	...	...	1	—	10	—
	Otitis Media	...	...	...	3	—	40	—
NOSE AND THROAT	Other Ear Diseases				—	—	46	—
	Chronic Tonsillitis Only				28	3	14	—
	Adenoids only				33	6	26	—
	Chronic Tonsillitis and Adenoids				89	34	242	—
	Other Conditions				10	—	214	—
Enlarged Cervical Glands (Non-Tuberculous)					19	—	51	—
Defective Speech					—	—	—	—
HEART AND CIRCULATION	Heart Disease :							
	Organic	...	...	...	—	1	2	—
	Functional	...	...	...	—	1	1	6
	Anaemia	...	...	...	1	—	4	—
	Bronchitis	...	...	...	17	—	14	2
LUNGS	Other Non-Tuberculous Diseases				—	—	—	—
	Pulmonary :							
	Definite	...	...	...	—	—	1	—
	Suspected	...	...	...	1	—	—	3
	Non-Pulmonary :							
TUBERCULOSIS	Glands	...	...	...	—	—	1	3
	Bones and Joints	...	...	...	—	—	—	—
	Skin	...	...	...	—	—	—	—
	Other Forms	...	...	...	—	—	—	—
	Epilepsy	...	...	...	1	—	2	3
NERVOUS SYSTEM	Chorea	...	...	...	—	1	1	1
	Other Conditions				—	—	7	2
	Rickets	...	...	...	2	—	1	1
DEFORMITIES	Spinal Curvature				—	—	3	—
	Other Forms				16	—	32	11
	Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)					20	—	1343	143
Total					340	47	2630	187

TABLE II

A. B. H. of Del. - found by Medical Inspector in the Year Ended 1900

DEFECT OR DISEASE		No. of Cases	No. of Deaths
SKIN	Rings	1	—
	Scalp	1	—
	Body	1	—
	Scars	1	—
	Impetigo	2	—
EYE	Other Diseases (Non-Tuberculous)	2	—
	Blindness	1	—
	Conjunctivitis	1	—
	Keratitis	1	—
	Corneal Opacities	1	—
EAR	Other Conditions (excluding Tuberculous)	2	—
	Deafness	1	—
	Otitis Media	1	—
	Otitis Externa	1	—
	Chronic Otitis	1	—
NOSE AND THROAT	Adenoids only	1	—
	Chronic Tonsillitis and Adenoids	1	—
	Other Conditions	1	—
	Epistaxis	1	—
	Pharyngitis	1	—
LUNGS	Other Non-Tuberculous Diseases	1	—
	Pneumonia	1	—
	Emphysema	1	—
	Chronic Bronchitis	1	—
	Asthma	1	—
TUBERCULOSIS	Local Tuberculosis	1	—
	General Tuberculosis	1	—
	Chronic Tuberculosis	1	—
	Acute Tuberculosis	1	—
	Latent Tuberculosis	1	—
NERVOUS SYSTEM	Other Diseases	1	—
	Epilepsy	1	—
	Chorea	1	—
	Other Conditions	1	—
	Paralysis	1	—
BONES AND JOINTS	Other Diseases	1	—
	Rickets	1	—
	Spondyl Curvature	1	—
	Other Forms	1	—
	Other Defects and Diseases (including Dental Diseases)	1	—
Total			

TABLE XL
 SUMMARY OF ALL ROUTINE INSPECTIONS IN THE YEAR
 SUMMARY OF ALL ROUTINE INSPECTIONS IN THE YEAR
 SUMMARY OF ALL ROUTINE INSPECTIONS IN THE YEAR

**B. Classification of the Nutrition of Children Inspected during the Year in the Routine
 Age Groups.**

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	872	174	19.9	651	74.7	41	4.7	6	0.7
Second Age-group	736	83	11.3	568	77.2	74	10.0	11	1.5
Third Age-group	644	133	20.6	468	72.7	34	5.3	9	1.4
Other Routine Inspections	—	—	—	—	—	—	—	—	—
TOTAL	2252	390	17.3	1687	74.9	149	6.6	26	1.2

TABLE III.
RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
3	—	1	1	5

Partially Sighted Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	4	—	—	4

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	—	—	1

Partially Deaf Children.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	2	—	—	2

Mentally Defective Children.
(Feeble-Minded Children).

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	9	15	5	33

Epileptic Children.
Children Suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	1	—	1	3

Physically Defective Children

A. Tuberculous Children.
I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.
(Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	3	—	1	4

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
8	11	—	2	21

B. Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
—	15	2	3	20

C. Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	22	2	4	30

D. Children With Heart Disease.

At Certified Special Schools	At Public Elementary Schools	At other Institutions.	At no School or Institution	Total
—	3	—	3	6

Children suffering from Multiple Defects.
(Feeble minded and Crippled).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	2	1	3

III. TABLE OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

[illegible]

**STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED
31st DECEMBER, 1938, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL
MENTAL DEFICIENCY AUTHORITY.**

Total Number of Children Notified ... 3

ANALYSIS OF THE ABOVE TOTAL.

DIAGNOSIS.	Boys	GIRLS.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots	—	—
(b) Imbeciles	—	3
(c) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	—	—
3. Feeble-minded children notified under Article 3, i.e., "special circumstances" cases	—	—
4. Children who in addition to being mentally defective were blind or deaf	—	—
GRAND TOTAL	—	3

GROUP II. TREATMENT OF DEF

Treatment of Defective Children	
Under the Authority's Instructional Department	By Special Treatment Under the Department of Mental Deficiency
(1)	(2)
(3)	(4)
(5)	(6)
(7)	(8)
(9)	(10)
(11)	(12)
(13)	(14)
(15)	(16)
(17)	(18)
(19)	(20)
(21)	(22)
(23)	(24)
(25)	(26)
(27)	(28)
(29)	(30)
(31)	(32)
(33)	(34)
(35)	(36)
(37)	(38)
(39)	(40)
(41)	(42)
(43)	(44)
(45)	(46)
(47)	(48)
(49)	(50)
(51)	(52)
(53)	(54)
(55)	(56)
(57)	(58)
(59)	(60)
(61)	(62)
(63)	(64)
(65)	(66)
(67)	(68)
(69)	(70)
(71)	(72)
(73)	(74)
(75)	(76)
(77)	(78)
(79)	(80)
(81)	(82)
(83)	(84)
(85)	(86)
(87)	(88)
(89)	(90)
(91)	(92)
(93)	(94)
(95)	(96)
(97)	(98)
(99)	(100)

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED
31st DECEMBER, 1938, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL
MENTAL DEFICIENCY AUTHORITY.

Total Number of Children Notified ... 3

ANALYSIS OF THE ABOVE TOTAL

Girls	Boys	Diagnosis
—	—	1 (i) Children incapable of receiving benefit or further benefit from instruction in a Special School : (a) Idiots (b) Imbeciles (c) Others
3	—	(ii) Children unable to be instructed in a Special School without detriment to the interest of other children : (a) Moral defectives (b) Others
—	—	2 Feeble-minded children notified on leaving a Special School on or before attaining the age of 16
—	—	3 Feeble-minded children notified under Article 3, i.e., "special circumstances" cases
—	—	4 Children who in addition to being mentally defective were blind or deaf
3	—	Grand Total

TABLE IV.

Return of Defects Treated during the year ended 31st December, 1938.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN :—			
Ringworm-Scalp—			
(i) X Ray Treatment.	—	—	—
(ii) Other "	—	—	—
Ringworm-Body	12	—	12
Scabies	14	—	14
Impetigo	93	—	93
Other Skin Disease	202	—	202
MINOR EYE DEFECTS :—			
(External and other, but excluding cases falling in Group II)	143	4	147
MINOR EAR DEFECTS :—	96	—	96
MISCELLANEOUS :— (e.g. minor injuries, bruises, sores, chilblains, etc.)	1332	11	1343
Total	1893	15	1907

GROUP II.—DEFECTIVE VISION AND SQUINT (Excluding Minor Eye Defects treated as
Minor Ailments—Group I).

Defect or Disease. (1)	No. of Defects dealt with.			No. of children for whom spectacles were			
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)	Prescribed (1)		Obtained (2)	
				Under the Author- ity's Scheme	Other- wise.	Under the Author- ity's Scheme	Other- wise
Errors of Refraction (including Squint)	328	—	328				
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	15	—	15	193	—	179	—
Total	343	—	343	193		179	

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS:													
Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practi- tioner or Hospital apart from the Authority's Scheme				Total					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
1	—	186	—	—	—	—	—	1	—	186	—	309	496

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat

TABLE IV.
Return of Defects Treated during the year ended 31st December, 1938
TREATMENT TABLE.
GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group II)

Disease or Defect		Under the Authority's Scheme	Otherwise
(1)	(2)	(3)	(4)
Skin:—			
Ringworm-Scalp—			
(i) X Ray Treatment	...	12	...
(ii) Other	...	14	...
Ringworm-Body	...	93	...
Scabies	...	209	...
Impetigo
Other Skin Diseases
Minor Eye Defects:—			
(Excluding land and other but excluding cases falling in Group II)		143	...
Minor Ear Defects:—		9	...
Miscellaneous:—		137	...
(e.g. minor injuries, pressure sores, chilblains, etc.)			
Total	...	1893	...

GROUP II.—DEFECTIVE VISION AND SIGHT EXCLUDING MINOR EYE DEFECTS
Minor Ailments—Group I.

Defect or Disease.		Under the Authority's Scheme	Otherwise	Total	No of Defects dealt with.
(1)	(2)	(3)	(4)	(5)	(6)
Errors of Refraction (including squint)	...	218	—	218	...
Other Defects or Diseases of the Eye (excluding those reported in Group I)	...	16	—	16	...
Total	...	343	...	343	...

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT

Under the Authority's Scheme, in Clinic or Hospital		By Private Practitioner or Hospital apart from the Authority's Scheme		Total		Received Operative Treatment.	Number of Patients.
(i)	(ii)	(iii)	(iv)	(v)	(vi)		
1	—	180	1	181	1	Received Operative Treatment.	Number of Patients.

TABLE IV.—continued.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
No. of children treated.	1	17	107	1	1	2	112

TABLE V.—DENTAL DEFECTS.

(1) Number of Children who were :—															
(a) Inspected by the Dentist :															
Aged :															
	<table><tr><td rowspan="10">Routine Age Groups</td><td rowspan="10">{</td><td>5—523</td><td rowspan="10">}</td><td rowspan="10">Total—6478</td></tr><tr><td>6—732</td></tr><tr><td>7—851</td></tr><tr><td>8—740</td></tr><tr><td>9—884</td></tr><tr><td>10—799</td></tr><tr><td>11—685</td></tr><tr><td>12—603</td></tr><tr><td>13—570</td></tr><tr><td>14— 91</td></tr></table>	Routine Age Groups	{	5—523	}	Total—6478	6—732	7—851	8—740	9—884	10—799	11—685	12—603	13—570	14— 91
Routine Age Groups	{			5—523			}	Total—6478							
				6—732											
				7—851											
				8—740											
				9—884											
				10—799											
				11—685											
				12—603											
				13—570											
		14— 91													
(b) Specials	— (*)														
(c) Total (Routine and Specials)	6478														
(2) Found to require treatment	3816														
(3) Actually treated ...	1423														

(4) Attendances made by children for treatment—	2469						
(5) Hours devoted to :—							
	<table><tr><td>Inspection -</td><td>137</td><td rowspan="2">}</td><td rowspan="2">Total—628</td></tr><tr><td>Treatment -</td><td>491</td></tr></table>	Inspection -	137	}	Total—628	Treatment -	491
Inspection -	137	}	Total—628				
Treatment -	491						
(6) Fillings :—							
Permanent Teeth	625	}	Total—630				
Temporary Teeth	5						
(7) Extractions :—							
Permanent Teeth	782	}	Total—3553				
Temporary Teeth	2771						
(8) Administrations of general anæsthetics for extractions	1126						
(9) Other operations :—							
Permanent Teeth	—	}	Total —				
Temporary Teeth	—						

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TABLE IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

No. of children	In the Author's Series				
	(1) Rickets	(2) Scoliosis	(3) Kyphosis	(4) Flat feet	(5) Other
1	1	1	1	1	1

TABLE V.—DENTAL DEFECTS.

No. of children	(1) Number of Children who were:		(2) All the above defects
	(a) Inspected by the Dental Surgeon	(b) Inspected by the Author	
1	1	1	1

TABLE VI.—UNCLEANLINESS AND VENERIOUS CONDITIONS.

No. of children	(1) Average number of children who were:		(2) All the above defects
	(a) Inspected by the Dental Surgeon	(b) Inspected by the Author	
1	1	1	1

TABLE VII.

Statistics of Attendance, etc.

School		Recognised Accommodation	Average number on register	Average Attendance	Percentage
COUNCIL SCHOOLS.					
Lagland Street	Infants' Department	394	341	310	90.9
Hamworthy	Mixed & Infants' ..	540	652	585	89.7
Branksome Heath	Boys' ..	280	303	285	94.1
"	Girls' ..	303	329	305	92.7
"	Infants' ..	303	334	286	85.6
Heatherlands	Boys' ..	312	319	291	91.2
"	Girls' ..	300	297	275	92.6
"	Infants' ..	300	282	240	85.1
Oakdale	Mixed ..	410	473	430	90.9
Courthill	Mixed ..	400	364	337	92.6
"	Infants' ..	250	188	165	87.8
South Road	Boys' ..	290	252	236	93.6
"	Girls' ..	290	213	204	95.8
Martin Road	Mixed & Infants' ..	320	336	296	88.1
Broadstone	Mixed & Infants' ..	243	264	239	95.3
NON-PROVIDED SCHOOLS.					
St. Aldhelm's	Boys' ..	232	236	211	89.4
"	Girls' & Infants' ..	419	339	305	89.9
Parkstone C. of E.	Mixed ..	382	327	298	91.1
"	Infants' ..	140	113	95	84.1
Longfleet	Boys' ..	240	220	203	92.3
"	Girls' ..	164	182	169	92.9
"	Infants' ..	164	193	142	73.6
Poole C. of E.	Boys' ..	279	182	173	95.1
"	Girls' & Infants' ..	363	300	273	91.0
St. Mary's R.C.	Mixed & Infants' ..	136	134	115	85.8
Canford Village C. of E.	Mixed & Infants' ..	120	56	50	89.3
Rossmore R.C.	Mixed & Infants' ..	175	183	156	85.2
Total	... ..	7799	7412	6674	90.0

TABLE VII.

Statistics of Attendance, etc.

School	Recorded Attendance	Average number on register	Average Attendance	Percent- age
Council Schools.				
Layland Street	394	311	310	90.0
Hamworthy	240	252	285	80.7
Branksome Heath	280	303	285	94.1
"	303	329	307	92.7
"	303	334	286	85.6
"	312	319	291	91.2
"	300	297	275	91.6
"	300	222	240	83.1
"	410	473	430	90.9
"	400	364	337	91.6
"	250	198	165	81.8
"	290	252	230	93.0
"	290	213	204	94.8
"	320	326	290	88.1
"	243	264	230	87.1
Non-Provided Schools				
St. Alhelm's	232	236	211	89.4
"	419	439	305	80.0
"	362	327	298	81.1
"	140	113	95	84.1
"	240	220	203	92.3
"	164	182	160	92.9
"	164	193	142	73.0
"	279	142	173	92.1
"	363	300	273	91.0
"	136	134	115	85.8
"	120	96	50	50.3
"	175	183	156	87.2
Total	7760	7412	6674	88.0